Maryland Medical Care Programs

Medical Assistance Program • Pharmacy Assistance Program

The Year in Review

Fiscal Year 1987

Maryland Department Of Health and Mental Hygiene

Maryland Medical Assistance Program

The Year in Review

Fiscal Year 1987

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201 West Preston Street
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February, 1988

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Introduction

The Maryland Medical Assistance Program, the Pharmacy Assistance Program and the Prenatal Assistance Program provide access to a broad range of health care services for eligible low income Maryland residents. These programs are operated in accordance with federal and state law and receive funding from both the federal and state governments.

The Medical Assistance Program derives its statutory authority from Title XIX of the Social Security Act and Title 15 of the Health-General Article of the Annotated Code of Maryland. The Program marked its twenty-first full year of operation in fiscal year 1987.

During the year, the Program served a monthly average of 341,529 people, 7.6% of the State's population. Program eligibles received services from approximately 22,000 participating health care providers. Expenditures of $869 million were made on behalf of Medical Assistance recipients.

The Pharmacy Assistance Program completed its eighth full year of operation in fiscal year 1987. Established by the General Assembly in 1978 and supported entirely by State funds, this program assists low income individuals who are not eligible for Medical Assistance in paying for prescriptions, insulin and certain medical supplies. Approximately $6.1 million was spent during fiscal year 1987 for an average monthly enrollment of 15,000 persons.

During the past year, the Prenatal Assistance Program was established by the General Assembly to provide certain pregnancy related care to young women under age 21 who are below the poverty level. The program began in October, 1986 and enrolled nearly 1,800 young women by the end of the fiscal year.

This publication describes the people served, the services provided, and the providers reimbursed under the Medical Assistance program during fiscal year 1987 (July 1, 1986 through June 30, 1987). The narrative section provides information on the Medical Assistance Advisory Committee, enrollment, providers, payments, services, management controls, current trends, and descriptions of the Pharmacy Assistance Program and the Prenatal Assistance Program. Following the narrative are statistical tables on enrollment, services and payments during fiscal year 1987.

MEDICAL ASSISTANCE ADVISORY COMMITTEE

The Medical Assistance Advisory Committee is composed of Medical Assistance recipients, consumer representatives and health care providers. The Committee meets at least six times a year to provide information and counsel to the Medical Assistance Program.

Members of the Medical Assistance Advisory Committee for fiscal year 1987 are listed below according to the expiration date of their term of office.

July 1987

John Braxton
Jean Dockhorn
William Hankins
Joseph LaAsmar
Flisher Martin
Ethel Pace
Regina Phillips
Melvin Rubin

July 1988

Rosemary Atkinson
Ray Brodie,Jr. M.D.
Kathryn Cannan
Phyllis Colston
Dorothy Council
Alvin Diamond
Denise Wheatly Rowe
Helen McAllister, M.D.
Dennis Melchor
Diane Pederson
Rev. Richard Reichard

July 1989

Jack Boviard
Linda Clark
Jacqueline Fassett
Benjamin Kimbers, D.D.S.
Eileen Leaman
Edward Matricardi
Denise Noll
Michael Rachid

One representative from the Department of Health and Mental Hygiene (DHMH) and one from the Department of Human Resources (DHR) serve as non-voting members of the Advisory Committee.

ENROLLMENT

During fiscal year 1987, the Maryland Medical Assistance Program's average monthly enrollment was 341,529 people, 7.6% of the State's population. Figure 1 displays the enrollment rate for each jurisdiction in the State. Enrollment rates ranged from 1.8% in Howard County to 24.2% in Baltimore City.

Program enrollment increased steadily during the first few years of program operation, peaked in 1973 and then again in 1976. After decreasing rapidly in the late 1970's, it increased again in 1980, then decreased through 1984. Enrollment has remained fairly steady since that time with only minor fluctuations in the average enrolled population. Trends in yearly enrollment are shown on Figure 2.

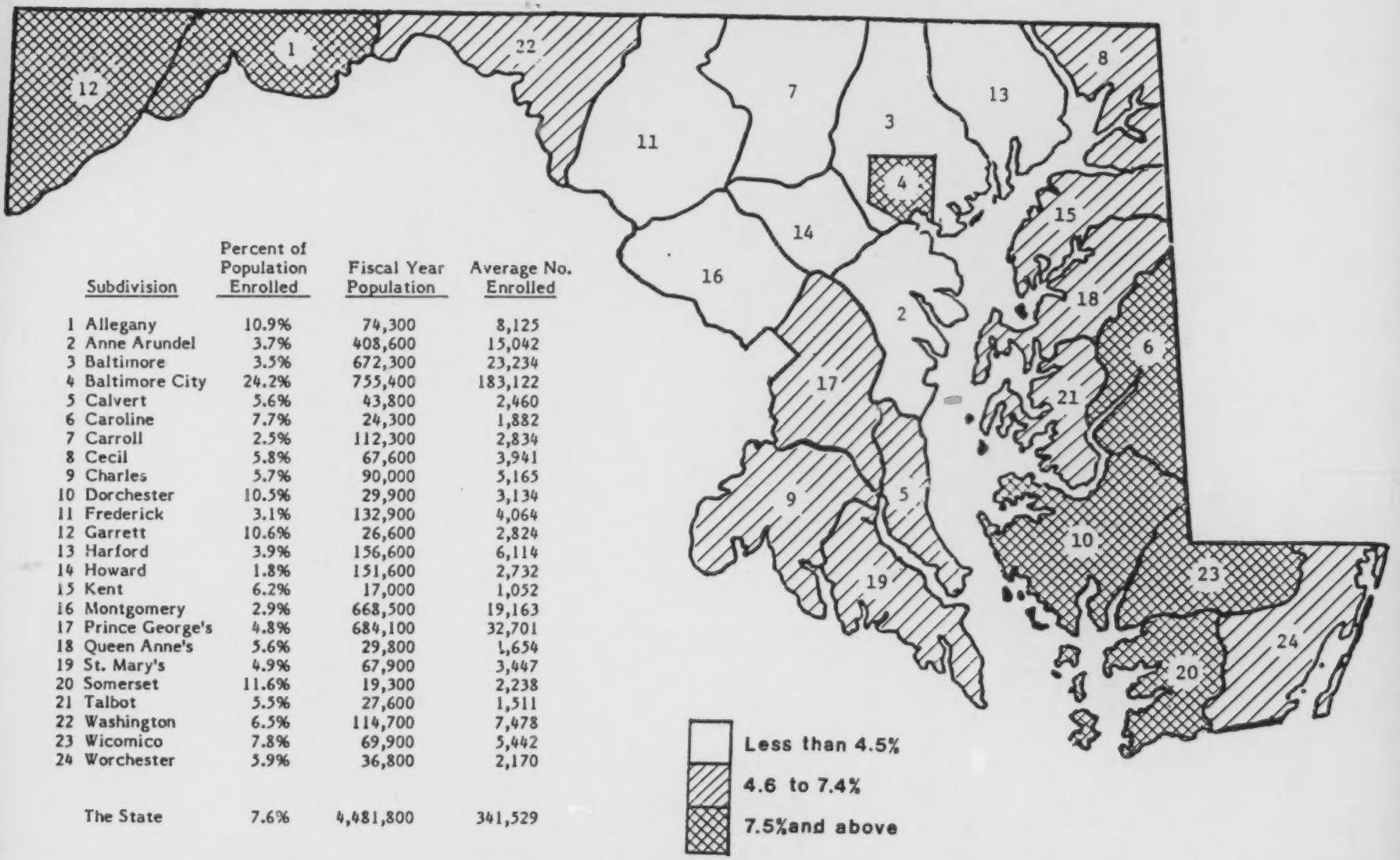
There are two major categories of enrollees in the Maryland Medical Assistance Program. The Categorically Indigent are Medical Assistance enrollees who are eligible to receive cash payments under the Aid to Families with Dependent Children (AFDC) program, the Supplemental Security Income (SSI) program, or the General Public Assistance (GPA) program. Because AFDC and SSI are federal programs, federal matching funds are available to pay for part of the cost of health care for these recipients. Federal matching funds are not available for services provided to GPA recipients, because GPA is a State assistance program.

Eligibility for SSI is established through the federal Social Security Administration. Eligibility for AFDC and GPA is established through the State's local departments of social services. In fiscal year 1987, 80.2% of all enrollees were Categorically Indigent.

The Medically Indigent are those persons whose incomes and resources are sufficient to meet basic living expenses but are inadequate to meet the cost of necessary health care. To be eligible to receive Medical Assistance benefits, the Medically Indigent must meet the Program's income standards, resource limits, and other eligibility requirements. In fiscal year 1987, 17.8% of all enrollees qualified as Medically Indigent. Federal matching funds are available for services provided to SSI and AFDC-related Medically indigent recipients (MI-SSI and MI-AFDC).

Medical Assistance eligibility for the Medically Indigent is determined by the local departments of social services according to Maryland Medical Assistance Program's income standards, resource limits, and other eligibility requirements. It is based on the number of persons in the family unit, the family's resources, and its net income (gross income less certain deductions and exclusions). The net income and the resource standards for fiscal year 1987 are indicated on the Income and Resource Standards Table which follows.

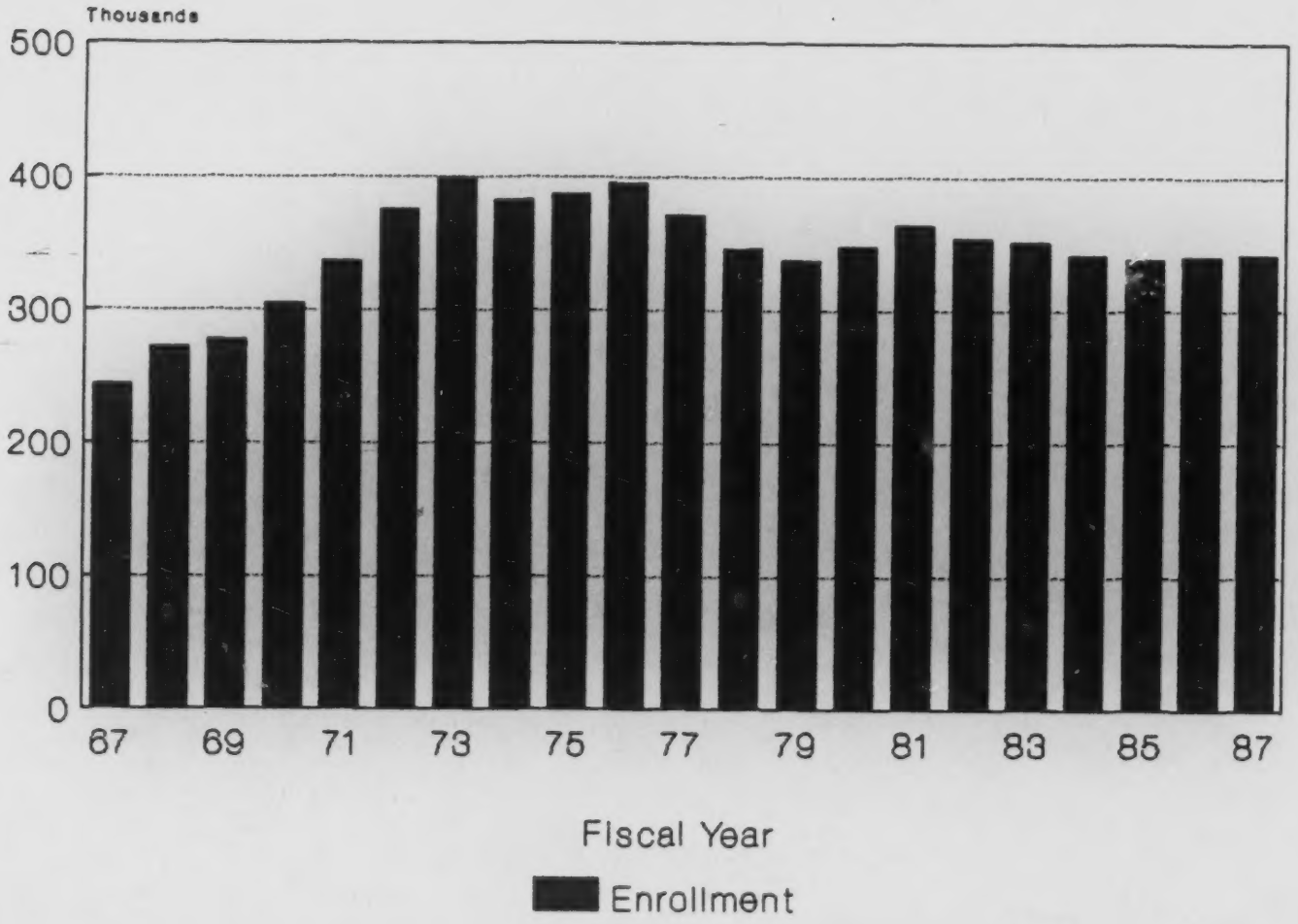
Figure 1
MARYLAND MEDICAL ASSISTANCE PROGRAM
ENROLLMENT BY POLITICAL SUBDIVISION
Fiscal Year 1987



	Subdivision	Percent of Population Enrolled	Fiscal Year Population	Average No. Enrolled
1	Allegany	10.9%	74,300	8,125
2	Anne Arundel	3.7%	408,600	15,042
3	Baltimore	3.5%	672,300	23,234
4	Baltimore City	24.2%	755,400	183,122
5	Calvert	5.6%	43,800	2,460
6	Caroline	7.7%	24,300	1,882
7	Carroll	2.5%	112,300	2,834
8	Cecil	5.8%	67,600	3,941
9	Charles	5.7%	90,000	5,165
10	Dorchester	10.5%	29,900	3,134
11	Frederick	3.1%	132,900	4,064
12	Garrett	10.6%	26,600	2,824
13	Harford	3.9%	156,600	6,114
14	Howard	1.8%	151,600	2,732
15	Kent	6.2%	17,000	1,052
16	Montgomery	2.9%	668,500	19,163
17	Prince George's	4.8%	684,100	32,701
18	Queen Anne's	5.6%	29,800	1,654
19	St. Mary's	4.9%	67,900	3,447
20	Somerset	11.6%	19,300	2,238
21	Talbot	5.5%	27,600	1,511
22	Washington	6.5%	114,700	7,478
23	Wicomico	7.8%	69,900	5,442
24	Worchester	5.9%	36,800	2,170
	The State	7.6%	4,481,800	341,529

Figure 2

MARYLAND MEDICAL ASSISTANCE PROGRAM
AVERAGE MONTHLY ENROLLMENT
Fiscal Years 1967-1987



Income and Resource Standards Table

Family Size	Net Income Standards	Resource Standards
1	$3,900	$2,500
2	4,400	2,700
3	4,900	2,800
4	5,400	2,900
5	5,900	3,000
6	6,400	3,100
7	7,152	3,200
8	7,860	3,300
9	8,496	3,400
10	9,156	3,500
Each Additional Person	+660	+100

Most persons aged 65 years and older and many blind and disabled persons who are enrolled in the Medical Assistance Program are also entitled to Medicare benefits. For persons enrolled in both Medicare and Medical Assistance, the Medical Assistance Program pays the premiums required for coverage under Medicare Part B and the deductible and coinsurance portions of Medicare claims.

Enrollees who qualify for Medical Assistance in federally-matched categories accounted for 91.2% of total Program enrollment in fiscal year 1987. The remaining 8.8% qualified through 100% State-funded eligibility categories.

PROVIDERS

Over 20,000 health care providers are enrolled in the Medical Assistance Program. The list of enrolled providers includes nearly 900 hospitals (70 in Maryland), about 200 long term care facilities, 5 health maintenance organizations, over 150 home health and medical day care agencies, about 12,000 physicians, physician groups and clinics, 2,000 dentists and dental groups, 3,000 personal care providers, 1,000 pharmacies, and 1,700 special services providers.

Each Medical Assistance enrollee may receive services from participating institutions or providers of his/her choice or may enroll in a health maintenance organization.

INVOICE PROCESSING

Nearly 10.3 million invoices were processed in the year by the Program. About 25% are returned to providers for recipient ineligibility or billing errors. Listed on the following table are the counts of paid claims by service type which were paid during fiscal year 1987.

Number of Paid Claims

Pharmacy	3,588,653
Physician	1,766,538
Hospital Outpatient	826,830
Nursing Facility	202,561
Special Services	313,691
Home Health	159,529
Dental	120,837
Hospital Inpatient	209,385
TOTAL	7,188,024

The number of invoices processed/paid has increased as a result of Program expansion to include new services and expansion of existing services.

Ninety-five percent of all complete and accurate invoices are paid within 30 days of receipt by the Program. The first two to three weeks are required to process the invoices and prepare vouchers. An additional week is required for submission of vouchers to the State Comptroller's Office for the processing of vouchers and the issuance of payment.

A consolidated Provider Relations Unit for all services other than hospital and nursing facility was established to resolve provider billing problems and to give providers technical assistance and training on proper billing procedures. The Provider Relations Unit conducted formal training seminars on the HCFA 1500 billing form, seminars for General Transportation providers, and individual provider training sessions.

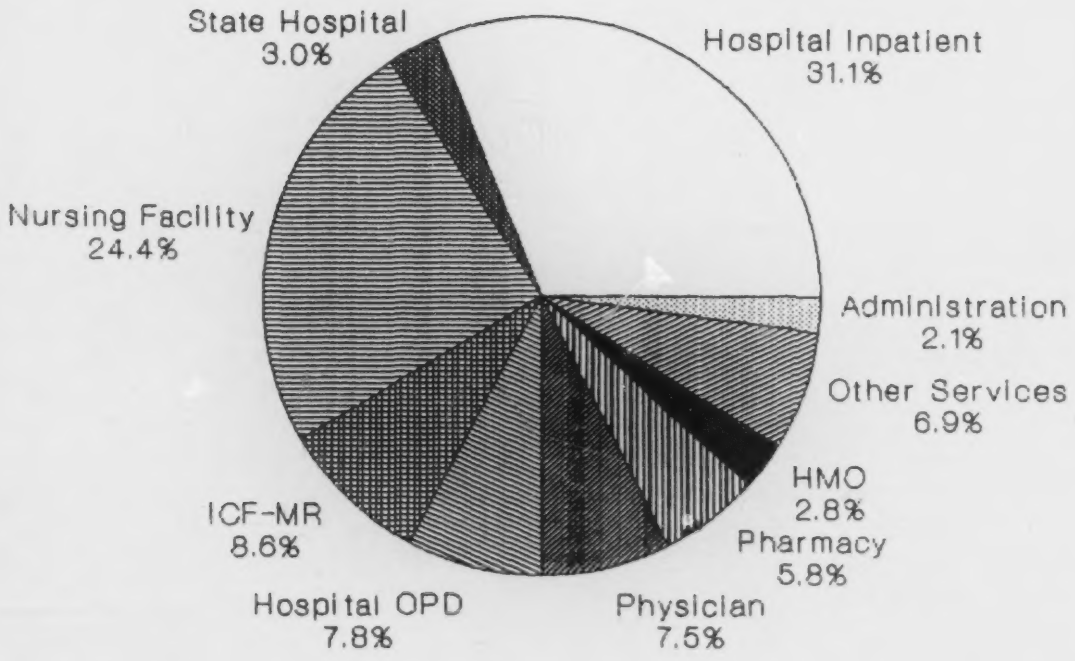
PAYMENTS

Total Maryland Medical Assistance Program expenditures in fiscal year 1987 were $886,188,326. Approximately 41.5% of all Program expenditures represented federal funds and 58.5% was state funds.

Payments for certain services provided to Medical Assistance recipients are handled administratively and are not included in the source reports used to generate tables for this report. Services such as premiums paid for buy-in of Medicare Part B ($8,878,243), and general transportation services ($5,557,759) are not included in any of the tables shown in this report. Capitation payments for health maintenance organizations ($25,038,279) are shown only for certain tables. Also not included are expenditures for administrative costs for the Program which totaled $18,667,011 in fiscal year 1987.

Total Program expenditures including the above mentioned services are shown in Figure 3. Institutional care, including hospital inpatient and outpatient, state hospital and nursing facility, still accounts for about three quarters of Program spending.

Figure 3
MARYLAND MEDICAL ASSISTANCE PROGRAM
TOTAL PAYMENTS
Fiscal Year 1987



Service	Payments
Hospital Inpatient	$281,618,626
State Hospital	26,934,629
Nursing Facility	221,049,926
ICF-MR	78,197,661
Hospital Outpatient	70,818,047
Physician	67,997,323
Pharmacy	52,411,016
Home Maintentance Organizations	25,038,279
All Other Services*	62,122,819
Administration	18,667,011
Total	$904,855,337

* Includes dental, home and community health, general transportation, and special services; and premiums paid for buy-in of Medicare Part B.

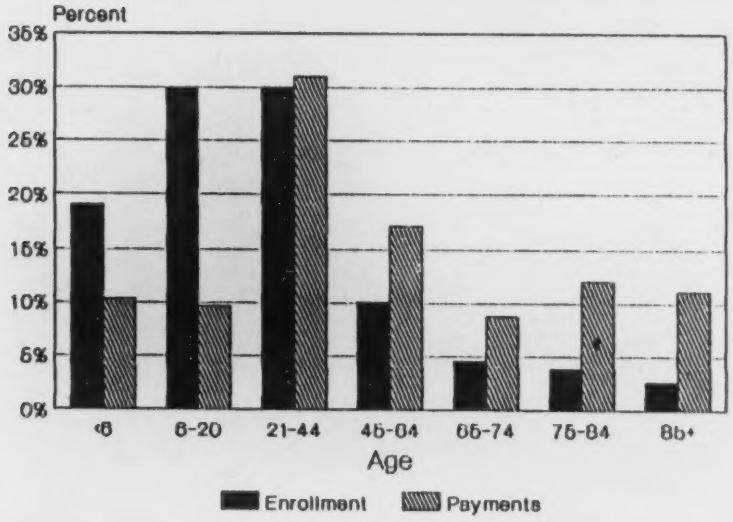
Figure 4 compares enrollees and payments by various characteristics. Females made up 63.1% of enrollment and accounted for 64.5% of expenditures. Although white enrollees represented 36.5% of the eligibles, they accounted for 52.3% of total payments in fiscal year 1987. Primarily as a result of elderly white females who have become eligible for Medicaid while residing in nursing homes, expenditures for white females have historically accounted for a high percentage of total payments, making other groups appear under-represented. Comparisons by age show that those under 21 years of age accounted for 49.0% of enrollees but only 19.9% of payments. Enrollees 75 years and older represented only 6.5% of the total eligibles, but accounted for 23.1 % of total payments. Analysis by eligibility category shows that AFDC recipients represented 63.5% of all enrollees but accounted for just 21.4% of Program payments. The Medically Indigent aged, blind and disabled eligibles (MI-SSI) accounted for only 5.9% of enrollment, but 35.3% of Program payments. Clearly, increasing age (over 44) and disability are indicators of higher Program expenditures on a per enrollee basis.

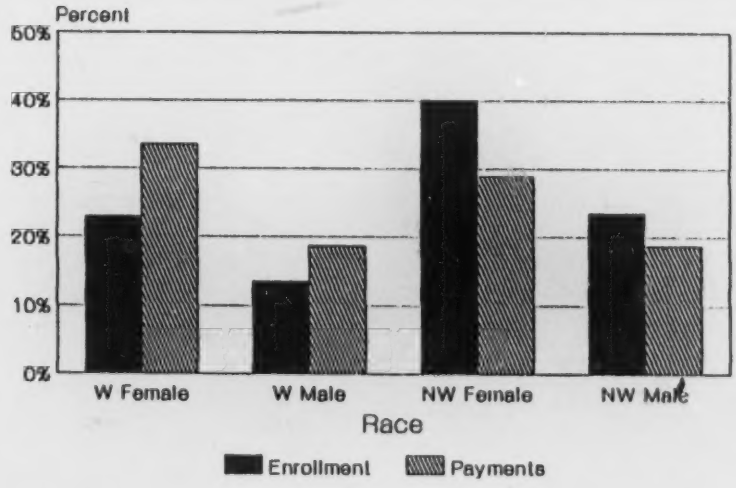
SERVICES

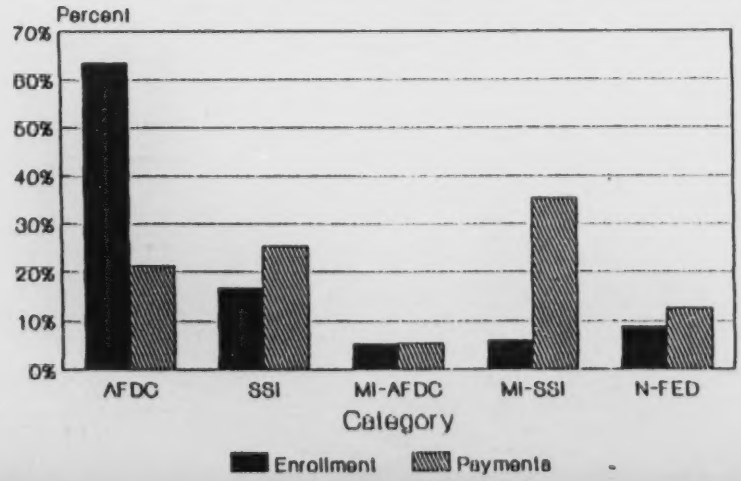
A broad range of services is offered to Maryland Medical Assistance Program enrollees. The federal government mandates that all state Medicaid programs provide hospital inpatient and outpatient services; physician and nurse-midwife services; laboratory and X-ray services; skilled nursing facility services; home health care for adults;family planning services; early and periodic screening, diagnosis and treatment services for children; transportation services; and, rural health clinic services.

The federal government also participates in funding the following optional services which Maryland provides: long-term intermediate nursing care; dental care; vision, podiatry and clinic care; pharmacy, medical supplies and equipment; health maintenance organization, medical day care; personal care; services for individuals age 65 or over in institutions for mental diseases; inpatient psychiatric services for individuals under age 21; intermediate care facilities for the mentally retarded; and other treatment services. A more detailed description of these services follows along with a discussion of recent changes in the provision of services.

Figure4
MARYLAND MEDICAL ASSISTANCE PROGRAM
ENROLLMENT AND PAYMENTS BY
SELECTED CHARACTERISTICS
Fiscal Year 1987







HOSPITAL SERVICES

Fiscal year 1987 was the tenth year of the "Medicare Experiment" under which the Maryland Medical Assistance Program, Medicare, and other payers reimburse Maryland hospitals according to rates approved by the Maryland Health Services Cost Review Commission. These rates are prospectively determined and are constructed so that the Program assumes a portion of each participating hospital's bad debt based on its Medicaid inpatient utilization. The Program participates in the experiment by means of a waiver granted by the federal Health Care Financing Administration. The waiver has been renewed on the condition that the State meet certain criteria, the most important of which is that the State reimburse hospitals a lesser amount under the experiment than it would reimburse using Medicare's reimbursement system.

Three Program modifications were implemented in fiscal year 1987. Two changes involved expanded hospital coverage and the third involved a reduction of certain payment rates. The Program began coverage of speech pathology services and inpatient psychiatric care for recipients under the age of 21. The Program also began paying a lower rate for hospital administrative days.

Further expansion of hospital services was accomplished during the fiscal year by the addition of coverage for heart-lung surgical procedures and by coverage for certain outlier situations where patients are hospitalized for significantly long stays.

During fiscal year 1987, payments were made for approximately 570,000 days of hospital inpatient care at a cost to the Program of $282 million. The average cost per day of $494.14 was only 2.3% higher than the fiscal year 1986 cost of $482.96. Payments to state chronic and mental hospitals totaled $26.9 million for roughly 163,000 days of care. (See Table 25 for detailed information on all hospital inpatient payments.) The Program paid $70.8 million for approximately 275,000 hospital outpatient visits and 231,000 emergency room visits in fiscal year 1987. The average payment of $133.14 per visit was 21.2% higher than the fiscal year 1986 average of $109.86 per visit. (See Table 27 for detailed information.)

NURSING FACILITY SERVICES

Nursing facility services are covered for medically and financially eligible recipients. A recipient must by certified by the Program's Utilization Control Agent as requiring either an intermediate or skilled level of nursing care. Services are available in 194 nursing facilities statewide. Rates in these facilities are set by the Program using a system implemented in fiscal year 1983. Six hospital-based facilities whose rates were set by the Health Services Cost Review Commission, are now being phased into the free-standing reimbursement system, as a result of legislation enacted by the General Assembly during the 1985 session.

Under the reimbursement methodology for free-standing nursing facilities, separate reimbursement rates are set for four cost centers and are based on the size, geographic location, and expenditures of each nursing facility. These cost centers are: administrative/routine services; nursing services; other patient care; and capital costs. Payment for nursing services is based on the level of

care required by each patient. In addition, as of July 1, 1986, facilities may elect to design Behavior Management Programs to enhance staff skills in providing services to behavior problem patients, the cost of which may be reimbursed in a separate, fifth, cost center.

The Program paid $221.0 million for 5.4 million days of nursing facility care in fiscal year 1987 compared to $202.8 million for 5.2 million days of care in fiscal year 1986. The average cost per patient day in fiscal year 1987 was $41.21, 6.0% higher than the fiscal year 1986 average of $38.88. Payment from patients' own resources in fiscal year 1987 accounted for an average of $12.07 per day, 4.5% higher than the average of $11.55 in fiscal year 1986. (See Tables 19 and 26 for detailed information.)

In addition to nursing facility services, the Program also paid $78.2 million for 603,000 days in State Intermediate Care Facilities for the Mentally Retarded (ICF-MR). Average cost in these facilities was $129.68 per day, 28.8% higher than the average cost of $100.68 in fiscal year 1986.

RESIDENTIAL TREATMENT CENTERS

As of July 1, 1986, regulations were approved adopting the Under-21 psychiatric services program. This program allows payment for inpatient care of patients under twenty-one years of age in qualified residential treatment centers (RTC) and psychiatric hospitals. During the past year, five RTCs, two private and three state-operated, entered the Program.

These facilities provide room and board in a structured atmosphere. They conduct classes in a number of subjects and provide counseling services to emotionally disturbed adolescents. The average cost per day in the two private facilities was $102 in fiscal year 1987. Total payments to the two private facilities during the fiscal year were $813,885.

PHYSICIAN SERVICES

Physician services covered by the Maryland Medical Assistance Program are divided into two major categories: services rendered in the office, nursing home, home or free-standing clinic; and services rendered in the hospital.

During fiscal year 1987, several Program changes were made which had a substantial impact on the physician program. Effective October 1, 1986, the Program changed its billing form for physician services from the DHMH 233 to the universal billing form HCFA 1500 (1-84). On that same date, the Program added certain universal procedure codes which describe services not identified by the currently used CPT-4 Procedure Codes. These additional codes are known as HCPCS (Health Care Financing Administration Common Procedure Coding System). These two "billing" changes resulted in a considerable number of provider clerical errors with a subsequent slow-down in reimbursement in the second half of the fiscal year.

Effective February 9, 1987, the Program provided an updated version of its "Surgical and Medical Procedures Code and Fee Manual and List of Injectable Drug Codes". This is the first revision of the manual since July 1, 1984.

In fiscal year 1987, the Program paid a total of $68 million for services rendered under the physicians program, 8.8% greater than fiscal year 1986 payments. The Program spent $36.2 million for 765,000 home, office, and nursing home visits in fiscal year 1987 compared to $33.2 million for approximately 890,000 visits in fiscal year 1986. The cost per visit, including ancillary services and Medicare deductible and coinsurance and deleting clinic costs, went up 15.5% from $27.66 in fiscal year 1986 to $31.95 in fiscal year 1987. Payments for physician services provided in the hospital increased by 8.6% from $29.4 million in fiscal year 1986 to $32.0 million in fiscal year 1987. (See Tables 21 and 22 for detailed information.)

FREE-STANDING CLINIC SERVICES

The Program reimburses eleven different kinds of free-standing clinics. These include: children and youth, local health, family planning, refugee, rural health, abortion, mental health outpatient, mental health rehabilitation, drug abuse (methadone maintenance), and free-standing hospital clinics as well as community health centers. In fiscal year 1987, payments to free-standing clinic providers totaled $11.8 million.

Increases in total reimbursements to free-standing clinics over the past two years are largely attributable to the initiation of coverage of mental health rehabilitation clinics, an important component of the State's de-institutionalization effort.

FREE STANDING DIALYSIS FACILITIES

The Medical Assistance Program initiated direct payment to free-standing dialysis facilities on August 12, 1985. Prior to that date, the Medical Assistance Program reimbursed the Maryland Kidney Disease Program (KDP) for payments they made directly to dialysis facilities. Medical Assistance assumed direct payment in order to comply with federal regulation.

An individual is eligible for Medicare in the third month after chronic dialysis is started. Medical Assistance reimburses for dialysis that is provided during this waiting period and also pays the Medicaid recipients' co-insurance and deductible after they become eligible for Medicare benefits. Payment rates to dialysis centers are established by Medicare.

There were twenty-nine dialysis providers who were reimbursed during fiscal year 1987. During fiscal year 1986, 2,604 services were provided at an average allowed rate of $124.65. In fiscal year 1987, 5,635 services were provided at an average rate of $126.78. Total payments made to dialysis facilities in fiscal year 1987 were $714,405.

NURSE-MIDWIFE SERVICES

Since January 1983, the Program has reimbursed independently practicing, certified nurse-midwives who provide care for uncomplicated pregnancies and who have agreements with physicians to assume care for cases in which complications develop. The number of nurse-midwives approved to participate as Medicaid providers increased to twenty-four as of June 30, 1987. In fiscal year 1987, the Program paid a total of $15,207 to nurse-midwife providers for 4 hospital deliveries, 10 birthing center deliveries, and 172 maternity related visits. There were no home deliveries billed to the Program during fiscal year 1987. Effective July 1, 1986, fees were increased to match similar increases in physician fees. Payment for home and birthing center deliveries were increased from $795 to $954 effective March 1, 1987. Birthing center delivery payments will again be increased from $954 to $1295 effective July 1, 1987 to encourage this cost effective delivery alternative.

PHARMACY SERVICES

Maryland Medical Assistance recipients may obtain prescription drugs and certain other items such as insulin, hypodermic syringes and needles, family planning products, and specially formulated nutritional preparations when prescribed by an authorized prescriber. In February 1987, the Program expanded coverage of over-the-counter medication to include enteric coated aspirin when ordered for the treatment of arthritic conditions. Regulations were amended to allow payment of this cost effective alternative to other more costly non-steroidal anti-inflammatory drugs. In May of 1987, the Program extended coverage to the new drug Retrovir, used for the treatment of Acquired Immune Deficiency Syndrome (AIDS).

The Program maintains a computer data base listing all covered drug products which is continuously updated. The Program sets maximun reimbursement levels for certain approved interchangeable multiple source drugs at the lowest available generic price. A list of these products, the Interchanceable Drug Cost (IDC) List, is updated and published periodically. The price limitations for these products are continuously adjusted to reflect current market prices.

The Program also maintains and publishes a list of drug products for which the Health Care Financing Administration (HCFA) has set maximum reimbursement rates and a list of highly utilized products usually bought directly from manufacturers and/or in larger than minimum package size, for which the Program sets maximum reimbursement reflecting these practices. The Program also publishes a list of drug products that have been determined by the Federal Food and Drug Administration to be ineffective and hence not reimbursed under Medicaid.

The Program initiated an ongoing Drug Utilization Review in September 1986. This is a computer based, therapeutically oriented review program designed to identify drug use characteristics that can cause drug induced illness.

The Medical Assistance Program paid $52.4 million for 3.2 million prescriptions in fiscal year 1987, an average of $16.13 per prescription. This was an increase of 8.3% over the $14.90 average cost per prescription in fiscal year 1986. (See Table 23 for detailed information).

The prescription dispensing fee during fiscal year 1987 was $3.45 with an additional $.07 for each paid claim submitted by tape.

HEALTH MAINTENANCE ORGANIZATION SERVICES

The potential for cost savings through prepaid managed health care has been known for many years. Health Maintenance Organization (HMO) services have been an important part of the system of care for Medicaid beneficiaries since Maryland committed to prepayment in 1975. Enrollment is voluntary and members have the right to disenroll without cause. While enrolled they agree to obtain all of their medical services covered by the Program from the Health Maintenance Organization. During fiscal year 1987 five HMOs were under contract with the Program: Johns Hopkins and Chesapeake Health Plans, Constant Care and West Baltimore Community Health Centers, and Care First. Each participating HMO agrees to provide complete health care for its enrollees, including health appraisals, health maintenance, inpatient and emergency services, in exchange for a fixed monthly fee. The prepaid HMO Program emphasizes preventive health care, accessibility and continuity of care, in contrast to episodic care traditionally received in some other settings.

HMO services were available at 21 primary care site locations in Baltimore City and at a single site in both Anne Arundel and Prince George's Counties. Some of the beneficiaries enrolling in Johns Hopkins and Chesapeake Health Plans had the option to select a guaranteed eligibility period of twelve months, if they agreed not to withdraw without cause, under a special federal demonstration project. Certain enrollees of the West Baltimore HMO were also eligible for a guaranteed enrollment period of six months under a new state program. In both projects extended eligibility is being studied as a possible incentive to HMO enrollment.

The Program paid $25,038,279 in capitation payments to HMOs at an average monthly cost of $84.64 per enrollee. The average enrolled population of 24,651 represented a 37% increase over the previous year. HMO enrollees in Baltimore City represented 14% of the Medicaid eligibles in Baltimore City.

DENTAL SERVICES

Comprehensive dental services, including orthodontics are covered for all Medical Assistance recipients under twenty-one years of age. (See EPSDT Program). Recipients who are twenty-one years of age or older are eligible to receive services for the treatment of dental emergencies (pain, infection, hemorrhage, traumatic injury) and other specified services. Certain dental procedures require preauthorization.

For fiscal year 1987, the dental program spent $4.2 million to provide services to nearly 68.000 Medical Assistance recipients. (See Table 29 for detailed information).

HOME AND COMMUNITY HEALTH SERVICES

Home and community health services are rendered by home health agencies, medical day care providers and personal care providers.

Reimbursable services provided by home health agencies include skilled nursing, home health aide, physical therapy, occupational therapy, and speech pathology. Recipients of home health services must be certified as homebound by their attending physicians who order the type, frequency and duration of services to be provided. Services are covered only if they are necessary on a part time, intermittent basis.

Medical day care services are provided to recipients whose physicians order the care and who are certified by the Program's utilization control agent as requiring at least intermediate level nursing care. Medical day care recipients are transported to licensed adult day care centers where nursing and social work services, personal care, nutrition services, habilitation therapies and activities are provided on an outpatient basis for up to five days a week. In fiscal year 1987, there were 58 medical day care centers serving Maryland Medical Assistance recipients in seventeen counties, Baltimore City, and Washington D.C.

The Program reimburses for personal care services provided to chronically ill or disabled recipients who are under the care of a physician and require assistance at home with activities of daily living. Services may be performed by a friend of the recipient and are monitored by a registered nurse. The objectives of the program are to prevent patient deterioration, to delay institutionalization, and to prevent inappropriate institutionalization.

Personal care services are provided in accordance with the needs of each patient. Generally, the services may include: basic assistance with dressing, grooming, toileting, self-administered medications, food, nutrition, and diet; assistance with transfer and ambulation; escort to medical services; and performance of incidental household services essential to the patient's health. Personal care does not cover home delivered meals, skilled services, nor services primarily for housekeeping.

Total payments to home and community health services providers were $32.6 million in fiscal year 1987. Home health agencies were paid $4.1 million for services provided to roughly 3,900 recipients, an average of $1,059 per recipient. Medical day care providers were reimbursed a total of $5.5 million for rendering approximately 162,000 days of care to about 1,300 recipients. The Program paid an average of $34.01 per day and an average of $4,300 per recipient. Total payments for personal care services in fiscal year 1987 were $7.6 million for approximately 626,000 services provided to 4,000 recipients. This represents an average of $1,981 per recipient for the year. During fiscal year 1987 payments were up over fiscal year 1986 by 6.2% for home health; 38.1% for medical day care; and 38.0% for personal care. In addition, $15.4 million was spent on home and community based services provided to waiver recipients. (See Other Services and Table 30 for additional information).

EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT PROGRAM

The Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program covers comprehensive health care services which are designed to detect physical and mental problems and provide necessary follow-up care to Medical Assistance recipients under 21 years of age. Federal regulations require the Program to assure the availability and delivery of EPSDT services within a specified period of time to all eligible recipients who request them. Screening services, which are provided by twenty-two local health departments, three health maintenance organizations, four children and youth clinics, ten community health centers, and other approved providers may include: a physical examination; laboratory tests; immunizations; hearing, vision, developmental, speech and language screening; a dental checkup; and various other screening procedures. Diagnostic and treatment services may be delivered by the screening provider or by another health care provider who participates in the Maryland Medical Assistance Program.

In addition to the provision of EPSDT screening and treatment services, EPSDT federal regulations mandate that certain administrative services be performed, such as outreach and case management, to ensure all eligibles are informed about EPSDT as well as receive assistance in obtaining the necessary services. In 1985, new federal EPSDT regulations allowed states the flexibility to develop innovative outreach and case management activities in order to respond to the special needs of their eligibles. Accordingly, the Department issued an "Invitation for Grant Application" to each local health department throughout the State to identify one or more groups in their eligible population needing special assistance in obtaining preventive health care services. Each jurisdiction responded to this invitation and submitted grant proposals which identified their high risk health groups for intensive targeted outreach and case management efforts. During fiscal year 1987, 8,290 individuals received case management services and 54,164 individuals were outreached about the availability of EPSDT services.

The Program paid for just over 39,500 screenings in fiscal year 1987. Total EPSDT payments were $1.4 million.

SPECIAL SERVICES

- Disposable Medical Supplies and Durable Medical Equipment - The Program pays for the purchase of certain disposable medical supplies and the rental, purchase or repair of durable medical equipment. Coverage for prosthetic devices, including the eye, breast and limbs, was added effective June 1, 1986. Coverage for Individually form-fitted support stockings was added effective March 23, 1987. Beginning July 1, 1987 coverage for osteo-genesis stimulators and positioning of splints will be covered. Preauthorization must be obtained for most disposable medical supplies or durable medical equipment costing more than $60 or renting for more than $15 per month.

- Medical Laboratory Services - The Program reimburses independent laboratories, portable X-ray services, and other diagnostic services for procedures ordered by a physician, podiatrist, or dentist. Although the reimbursement fees are established by the laboratory program, laboratory services rendered by the physicians or podiatrists in their own offices for their own patients are reimbursed through the physician or podiatry program.

  In fiscal year 1987, the Program paid $2.8 million to medical laboratory providers.

  The HCFA's Common Procedure Code System and the HCFA 1500 claim form were adopted, effective October 1, 1986, to comply with federal regulations. The lower of the National Fee Service Schedule for laboratories or the Local Medical Clinical Laboratory Fee Schedule was adopted as the upper limit for the reimbursement of laboratory procedures as required by federal regulations. The saving realized by the lowering of fees to comply with these requirements was used to raise certain laboratory fees that were extremely low and merited an increase.

- Oxygen and Related Respiratory Equipment - The program pays for liquid and gaseous oxygen systems, oxygen concentrators, and related respiratory equipment in a patient's home or a nursing home. Certain tracheostomy equipment is also included. All of these items must be preauthorized.

- Ambulance and Wheelchair Van Services - The Program covers non-emergency trips to or from hospitals by ambulance or wheelchair van. The hospital or nursing home arranges for the transport, and obtains preauthorization when necessary.

- General Transportation Services - The program covers transportation to or from medically necessary covered services, except transportation to or from hospitals by ambulance or wheelchair van. Providers who own or lease their vehicles are paid at a rate per mile based on a Statewide average. Providers of purchased transportation, such as bus or taxi, are reimbursed for the actual cost of the transportation. Certain transportation services must be preauthorized. Providers include community groups, local health departments, hospitals and several private for-profit providers.

- Vision Care Services - Examinations and eyeglass services rendered by optometrists and opticians are covered for recipients of all ages. Persons under the age of 21 are entitled to one eye examination, for the purpose of pre-scribing eyeglasses, and eyeglasses once every year under

the EPSDT Program. Persons 21 and over are entitled to these services once every two years. Ophthalmologists are reimbursed through the physicians program. Other diagnostic and treatment services are also provided. Providers must obtain preauthorization for vision care services not covered under the Medicare program.

OTHER SERVICES

- The Statewide Evaluation and Planning Service - The Statewide Evaluation and Planning Services (STEPS) is a statewide, nursing home pre-admission screening program for which Medical Assistance reimburses providers for completed assessments. STEPS began in fiscal year 1987 as an Interagency on Aging Services Committee(IAC) initiative. The IAC is composed of the Secretary of the Department of Health and Mental Hygiene,the Secretary of the Department of Human Resources, and the Director of the Maryland Office on Aging. One of the goals of the IAC was to reduce the duplication of effort made by these three State Agencies in the area of information gathering on frail elderly clients. The resulting STEPS assessment is a single, uniform, comprehensive screening instrument which includes medical, social, and functional components.

  It is hoped that by targeting the STEPS assessment at those persons that are most likely to enter a nursing home and informing them of the long term care community alternatives, that it will aid in preventing unnecessary institutionalization or delay inappropriate institutionalization.

  The Program pays for STEPS assessments only for those persons who are seeking nursing home admission and who are Medical Assistance recipients or projected to be Medicaid eligible within 180 days if institutionalized. Recommendations are not binding, and the recipient may still choose nursing home care.

  STEPS providers are paid $135 for each completed screening. During fiscal year 1987, 4,919 STEPS forms were submitted to Medical Assistance for reimbursement review. Of those, 3,822 were found to meet financial and other requirements. The cost to Medical Assistance during fiscal year 1987 was $515,970.

- Home and Community-Based Services Waiver - During fiscal year 1987, the Medical Assistance Program, working in coordination with the Developmental Disabilities Administration, continued a de-institutionalization program for eligible developmentally disabled individuals. This endeavor is made possible by the federal government's waiving of certain regulations which allows the State of Maryland to use federal funds to pay for community-based services in place of institutional services for those eligible persons whose needs could be more appropriately served in a community setting.

  Entitlement to services is limited to those Medical Assistance recipients who are residents of State Residential Centers and who have undergone a comprehensive evaluation certifying their need for ICF/MR level of care.

At the end of the third year of this waiver program, the State had served approximately 700 eligible developmentally disabled Medicaid recipients who were former residents of State Residential Centers in more appropriate private, less restrictive community settings statewide.

The State of Maryland has received federal authorization to continue this program for another five years and place an estimated 600 additional developmentally disabled Medicaid recipients into group home and alternative living units throughout the State.

Expenditures for the Home and Community Based Services Waiver for the Developmentally Disabled were $13.7 million during fiscal year 1987. (See Table 30 for additional data).

- Model Home and Community-Based Services Waiver - The State of Maryland received federal approval effective January 1, 1985 for a Model Title XIX Home and Community-Based Services waiver. This waiver of federal regulations is designed to provide services at home to a group of 50 chronically disabled children requiring skilled nursing services, and who are often dependent on medical technology not generally available outside of an institutional setting. Entitlement to services is limited to those individuals for whom the cost of Medicaid reimbursed institutional long term care would exceed the cost of home and community-based services.

  Expenditures for recipients under the Model Home and Community-Based Waiver were $1.7 million in fiscal year 1987.

PROGRAM CONTROLS

MEDICAID QUALITY CONTROL

The primary objective of the Medicaid Quality Control (MQC) Division is to measure, identify and eliminate or reduce the frequency and cost of eligibility errors. Vital data are collected by MQC on a monthly basis regarding individual error cases. These error data are extracted from a random sample of approximately two hundred Aid to Families with Dependent Children (AFDC) cases and fifty Medicaid Only (MAO) cases per month. The Department of Human Resources' (DHR) eligibility technicians review these sample cases for errors. These error cases are forwarded to MQC for further examination to determine the specific purpose and amount of Medicaid money spent in each error case. Corrective Actions are developed and implemented to reduce the possibility of the same type errors occurring again.

RECOVERIES

The Maryland Medical Assistance Program operates a third party liability program to discover other sources of payment for Medical Assistance recipients' health care and to recover money spent on behalf of recipients from sources allowed by federal or state law. These sources include health insurance, tort liability (automobile, personal in-jury settlements,and assaults), worker's compensation, estates, paternity/child support, provider refunds, recipient fraud, medical malpractice and lead paint poisoning, and the breach of public charge bonds required by the U.S. Immigration and Naturalization Service.

During fiscal year 1987, collections were $7,424,667. An additional savings of $39,920,955 resulted from cost-avoidance activities composed of Medicare Part B collections and accession of health insurance benefits by providers.

PREAUTHORIZATION

An important cost control measure is the preauthorization of many services by the Program or its agent before reimbursement is made. All non-emergency inpatient hospital services are preauthorized by the Program's Utilization Control Agent. Cosmetic or obesity surgery, durable medical equipment, supplies and prescription drugs costing more than $60.00 require preauthorization. In addition, certain or all of the services in the dental, vision care, oxygen, hearing aid, podiatry, physical therapy, ambulance and wheelchair van and general transportation programs must be preauthorized before being submitted by the provider. The number of services preauthorized in fiscal year 1987 exceeded 151,000.

FRAUD INVESTIGATIONS

The Maryland Medical Assistance Program investigates cases of suspected fraud by Medicaid recipients. Recipient fraud may result from the failure to report income or resources, the use of Medicaid cards by ineligible persons, or the forging of prescriptions. Referrals of possible fraud come from providers, local departments of social services, police, and citizens. Detection of possible fraud also results from internal reviews.

The Maryland Medical Assistance Program also provides logistical support in supplying invoices and other data to the Medicaid Fraud Control Unit in the Office of the State's Attorney General, which has responsibility for the investigation of alleged provider fraud.

During fiscal year 1987, several policy and procedural changes were made which had a substantial impact on the program's investigations. As a result, recoveries nearly doubled last year's exceeding the $200,000 mark for the first time. Successful investigations (See following Table) more than doubled and the number of completed investigations was up by 66%.

Summary of FY 1987 Operations

Completed Investigations	912
Referrals to the State's Attorney	72
Successful prosecutions	65
Cases pending with the State's Attorney's Office	39
Cases pending at the end of FY 1987	457
Recoveries	$202,488

ABUSE INVESTIGATIONS

The Medical Assistance program investigates cases of possible abuse by providers. A 100% prepayment review of hospital inpatient invoices is conducted to validate the utilization control agent's approval of admissions and lengths of stay. Treatments and procedures are reviewed to determine if the services are covered by the Program and if the treatments are appropriate for the diagnosis.

Provider-specific review is conducted on the basis of computer generated exception reports. If abuse is suspected, all invoices from the provider are reviewed and medical records are requested and reviewed. If abuse is confirmed, the case is fully developed and administrative action, including recovery of funds and imposition of sanctions, may be taken. Additionally, the case may be referred to the provider's peer review group or to the Commission on Medical Discipline. If fraudulent activities are suspected, the provider is referred to the Medicaid Fraud Control Unit in the Attorney General's Office for an investigation and possible prosecution.

Explanations of Medical Benefits (EOMB) are sent monthly to approximately 800 recipients to verify that the services paid for by the Program for the recipient have been received. The EOMB lists the services for the recipient in the preceding month and requests confirmation that the services

were received. If the recipient denies receiving the service, the provider is questioned concerning the service. Undocumented services are not acceptable and payment is recovered.

RECIPIENT CASE MANAGEMENT PROGRAM

The Maryland Medical Assistance Program investigates cases of abuse or inappropriate utilization of Medical Assistance benefits by Medicaid recipients. Abuse may result when a recipient uses an inappropriate type of provider for care, uses an appropriate provider in an inappropriate manner or at inappropriate frequencies, or uses emergency rooms or outpatient clinics for primary care.

Computer-generated reports are used to identify recipients with payment histories suggesting abuse. These recipients are interviewed and counseled. If abuse continues during a monitoring period, then the recipient is restricted to the use of one primary provider for a six-month period. Continued abuse will result in an additional one year restriction.

The program continues to refine and improve its operations. As a result of changes implemented in fiscal year 1987, imputed savings increased by $93,000; a 31% jump over the fiscal year 1986 total.

Summary of FY 1987 Operations

Case reviewed	907
Restriction Initiated	233
Total Restricted Enrollment	411
Imputed Saving	$396,715

PHYSICIAN REFERRAL SERVICE

In July 1984, the Program implemented a toll-free telephone Physician Referral service to assist recipients to find HMOs and physicians in their neighborhoods who are willing to accept Medicaid patients. The objective of the referral service is to divert Medicaid recipients from the hospital emergency rooms and outpatient clinics that many rely upon as a source of primary care.

Initially, the Program conducted surveys to establish which physician providers were interested in enlarging their Medicaid office practice. Those who wished to receive referrals were asked to provide their names, office addresses and phone numbers. Over 1,400 practice locations are now in a special computer file that enables a Program telephone operator to identify the physicians in a given ZIP Code, and by physician specialty within a ZIP Code, in response to a request from a Medicaid recipient.

In fiscal year 1987, 3,568 physician referrals were provided in response to recipient calls. In three years of operation, the referral service has provided nearly 10,000 referrals. In some cases recipients requested the name of a pediatrician or gynecologist as well as a general practitioner. One or more referrals have been made to almost 60% of the practice locations on file, with several physicians receiving more than 50 referrals since inception of the Program.

Medicaid recipients were initially notified of the Physician Referral Service by means of a general mailing. Reminders are sent periodically, and other forms of notification will be on-going, to assure that recipients remain aware of the availability of this service.

MEDICAID MANAGEMENT INFORMATION SYSTEM

The Maryland Medical Care Programs' Medicaid Management Information System (MMIS) was approved for certification as of March 31, 1985, having met all of the objectives and requirements set forth in the Department of Health and Human Services' Health Care Financing Administration's (HCFA) general system design.

The conceptual design of MMIS includes six subsystems: recipient, provider, claims processing, reference file, surveillance and utilization review, and management and administration reporting. The first four subsystems work together with the overall objective of processing and paying each eligible provider for every valid claim. The other two subsystems consolidate and organize data necessary for managing and controlling the Medicaid program. During the year the Program implemented several federally mandated changes involving the addition of new procedure codes and the use of new invoice forms for certain services.

PROGRAM TRENDS

Annual Program spending is a function of three variables: the number of enrollees eligible to receive services; the utilization of services; and the cost per service. The relative contribution of these variables to total Program Expenditures has fluctuated over time. The following tables show where changes have occurred in total expenditures, unit cost for services and use of services over a five year period.

Displayed on Table A is the average yearly enrollment for the past five fiscal years. In fiscal year 1987, enrollment was about the same as fiscal year 1986. Average enrollment has remained relatively constant since fiscal year 1984, at about 340,000 enrollees.

Total Program payments by major service category for the five year period are shown on Table B. Unlike other totals shown in this publication, these figures do not include Medicare payments for deductibles and coinsurance paid for Medicare eligible elderly and disabled recipients. These figures more clearly reflect actual service expenditures for Medicaid-only eligibles.

In fiscal year 1987, total Program expenditures increased over the past year, by about 12%. A major part of this increase was due to increased expenditures for State ICF-MR facilities. An excess carry-over of 1986 fiscal year ICF-MR claims was responsible for most of the increase. Additionally, there was expansion in home and community-based services provision and growth in HMO enrollment over fiscal year 1986.

The average yearly increase in inpatient general hospital expenditures from fiscal year 1984 to 1987 has averaged about 8% per year. The increase from 1986 to 1987 was 3.4%, about $8M. Payments to special hospitals have continued to increase, but again at a slower rate than previously. Payments were up about $3.3M over fiscal year 1986 payments. State chronic and mental hospital expenditures showed only a very slight increase, about $.5M. Payments for nursing facilities increased at a higher rate than in the past two years; $18.2M or about 9% over last year. Payments to ICF-MR facilities were up 48%, but this was due primarily to carry-over payments. Adjusting both years' payments for the excess in carry-over, the percentage increase is closer to 8.5% for the period 1986 to 1987.

Expenditures for state chronic and mental hospitals and for ICF-MR facilities only began to be reported through the current payment system beginning midway through fiscal year 1985. For that reason trends are difficult to assess at this time.

Hospital Outpatient services (OP) showed a 12% increase in fiscal year 1987, after last years slight decline in total payments. The reasons for this increase have to do with increased costs of ancillary services and ambulatory surgery costs rather than an increase in the number of outpatient visits.

Total payments to physicians in hospitals increased 9.5% and total payments to physicians in office, home and nursing home decreased 1.0%. Delays in claims processing are responsible for the decrease in payments for physician office payments. Clinic expenditures under the physicians program have increased substantially over the past few years. Payments of $2M in fiscal year 1983

Table A

AVERAGE MONTHLY ENROLLMENT
Fiscal Years 1983-1987

FISCAL YEAR	AVERAGE MONTHLY ENROLLMENT	PERCENT CHANGE
1983	351,109	
1984	341,622	-2.7%
1985	338,975	-0.8%
1986	341,256	+0.7%
1987	341,529	-0.1%
Average Annual Percent Change		-0.7%

Table B

PROGRAM PAYMENTS AND ANNUAL PERCENT CHANGE BY TYPE OF SERVICE
Fiscal Years 1983-1987

	FISCAL YEAR				
Type of Service[1]	1983	1984	1985	1986	1987
Acute General Hospital Inpatient	183,115,004	193,152,299 5.5%	186,418,697 -3.5%	230,577,078[2] 23.7%	238,515,239 3.4%
Special Hospitals	17,426,100	21,883,480 25.6%	25,550,880 16.8%	30,344,986 18.8%	33,610,335 10.8%
State Chronic & Mental Hospitals	0	0	8,499,131	25,778,693 N/A	26,294,259 2.0%
Nursing Facility	161,764,484	187,884,075 16.1%	194,576,061 3.6%	202,532,177 4.1%	220,768,918 9.0%
ICF-MR Facilities	0	0	17,956,441	52,841,668 N/A	78,197,661 48%
Hospital Outpatient	53,496,354	57,452,530 7.4%	60,347,773 5.0%	59,927,034 -0.7%	67,266,204 12.2%
Physician Home, Nursing Facility and Office	16,970,432	19,053,276 12.3%	20,964,245 10.0%	22,192,662 5.9%	21,960,868 -1.0%

TABLE B (cont.)

Type of Service	1983	1984	1985	1986	1987
Clinic	2,084,348	3,470,049 66.5%	3,846,448 10.8%	9,911,125 157.7%	11,878,638 19.9%
Physician In-Hospital	17,601,299	18,454,247 4.8%	21,675,274 17.5%	24,814,362 14.5%	27,171,537 9.5%
Pharmacy	33,153,476	37,869,459 14.2%	43,901,856 15.9%	48,484,624 10.4%	52,411,016 8.1%
Home and Community Services	4,702,493	6,973,754 48.3%	10,154,321 45.6%	17,997,787 77.2%	32,626,382 81.3%
Dental	5,854,505	5,330,982 -8.9%	5,359,316 0.5%	4,774,469 -10.9%	4,172,880 -12.6%
HMO	10,939,057	11,281,549 3.1%	12,882,370 14.2%	16,453,929 27.7%	25,038,279 52.2%
Other[3]	31,280,898	32,535,688 4.0%	36,835,973 13.2%	42,148,321 14.4%	46,276,110 9.8%
TOTAL	538,388,450	595,341,388 10.6%	648,968,786 9.0%	788,778,915 21.5%	886,188,326 12.3%

[1] Totals shown for service types do not include payments for Medicare coinsurance and deductibles and will not match totals shown on other tables.

[2] A carryover of delayed payments from FY 1985 was responsible for FY 1986 increase in total payments.

[3] Includes payments special services; Medicare coinsurance and deductibles; premiums paid for Part B of Medicare; and payments for general transportation services.

have increased to almost $12M in fiscal year 1987. Specialized clinic services now account for a greater proportion of physician office care payments than in past years.

Pharmacy payments were up 8.1%, less of an increase than in past years. Dental service payments were down again in fiscal year 1987, by about 12% over fiscal year 1986.

Expenditures for home and community-based services increased a significant 81.3% over fiscal year 1986. The continued increases in payments for community-based services are the result of the State's deinstitutionalization efforts in state hospitals.

With regard to unit cost for services, Table C shows trends over the past five fiscal years. The cost per day in an acute general hospital bed was up 5.8% over fiscal year 1986, about the same as the increase in the previous year. The increase in cost for an outpatient visit was up 21% , the result of increases in ancillary service costs. The increase in nursing facility cost per day was 6% over the cost in the past fiscal year. The average cost per in hospital service billed by physicians was up 23%, and the average cost per office visit was up about 15% The increase in hospital services billed by physicians is partially the result of physicians now billing for all of their services performed in-hospital. The cost per pharmacy invoice increased 8.6%, and the cost per dental service was down 19% over fiscal year 1986.

To measure changes in utilization of certain services the number of services used per enrolled individual has been calculated. Table D shows average utilization has remained fairly constant, though some sharp percentage changes have occurred during the past two to three years. These up and down shifts are more indicative of when certain service billings were paid, rather than drastic changes by enrollees in the use of services.

Hospital days reported showed a slight decrease in utilization following the "increase" which occurred during fiscal year 1986, the result of a large carry-over in days and payments from the previous year. Utilization in fiscal year 1987 was just over that of fiscal year 1984 level, indicating only a moderate overall increase since then. Nursing facility days increased slightly, as has been the general trend. The average number of hospital outpatient visits continued to decrease, as it has been doing since fiscal year 1984. Shifts of physician groups to clinic status partially account for decreases in physician home and office visit utilization, though delays in payment due to billing form changes may also account for some of the reduction. Pharmacy utilization showed a very slight decrease in fiscal year 1987, and dental utilization showed a somewhat sudden decrease over past years' consistent utilization figures.

During the past several years there have been changes made in how some services are internally reported, additional service coverage begun, and changes in billing forms and service codes used by providers. As a result of some changes, there have been delays in the processing and payment of claims. Consequently, shifts in service payments, utilization, and cost per service figures on a year to year basis have occurred. Actual changes have not been as dramatic as some numbers would indicate.

During fiscal year 1987 the Program experienced growth in the areas of clinic services, home and community-based services, and HMO enrollment. The expansion of the Department's mental

Table C

COST PER UNIT OF SERVICE
Fiscal Years 1983-1987

Type of Service	FISCAL YEAR 1983	1984	1985	1986	1987
Acute General Hospital Inpatient (Day)	$397.27 (+15.2%)	$436.32 (+9.8%)	$485.32 (+11.2%)	$512.90 (+5.7%)	$542.76 (+5.8%)
Nursing Facility (Day)	32.89 (+10.7%)	37.13 (+12.9%)	37.52 (+1.1%)	38.88 (+3.7%)	41.21 (+6.0)
Hospital Outpatient (Visit)	78.07 (+14.7%)	84.20 (+7.9%)	92.36 (+9.7%)	109.83 (+18.95%)	133.14 (+21.2%)
Physician In-Hospital (Service)	19.14 (+13.4%)	23.27 (+21.6%)	23.64 (+1.6%)	24.15 (+2.2%)	29.71 (+23.0%)
Physician Home, Nursing Facility & Office (Visit)	21.17 (+10.7%)	24.72 (+16.8%)	25.44 (+2.9%)	24.94* (-0.2%)	28.70 (+15.1%)
Pharmacy (Invoice)	11.55 (+19.9%)	13.07 (+13.2%)	14.26 (+9.1%)	14.85 (+4.1%)	16.13 (+8.6%)
Dental (Service)	11.07 (+12.3%)	10.40 (-6.1%)	10.43 (+0.3%)	9.26 (-11.2%)	11.03 (+19.1%)

*Figure adjusted from prior year's report.

Table D

AVERAGE NUMBER OF SELECTED SERVICES PER MEDICAID ENROLLEE
Fiscal Years 1983-1987

Type of Service	FISCAL YEAR 1983	1984	1985	1986	1987
Acute General Hospital Inpatient (Day)	1.31 (-3.7%)	1.30 (-0.8%)	1.17 (-10.0%)	1.36* (+16.2%)	1.34 (-1.5%)
Nursing Facility (Day)	14.01 (+5.3%)	14.81 (+5.7%)	15.31 (+3.4%)	15.28 (-0.2%)	15.71 (+2.8%)
Hospital Outpatient and ER (Visit)	1.95 (+1.0%)	2.00 (+2.6%)	1.93 (-3.5%)	1.60 (-17.1%)	1.49 (-6.9%)
Physician In-Hospital (Service)	2.62 (+4.4%)	2.59 (-1.3%)	2.70 (+4.2%)	3.38 (+25.2%)	3.04 (-10.1%)
Physician Home Nursing Facility, and Office (Visit)	2.28 (+7.5%)	2.26 (-0.8%)	2.43 (+7.5%)	2.61 (+7.4%)	2.24 (-14.2%)
Pharmacy (Invoice)	8.18 (+5.7%)	8.48 (+3.7%)	9.08 (+7.1%)	9.53 (+5.0%)	9.52 (-0.1%)
Dental (Service)	1.51 (-10.6%)	1.50 (-0.6%)	1.52 (+1.3%)	1.50 (-1.3%)	1.11 (-26.0%)

* A carryover of delayed payments for inpatient days was responsible for both the decrease in average utilization for Fiscal Year 1985 and the increase in average utilization shown in Fiscal Year 1986. Also there was an increased number of days due to the inclusion of newborn days which were previously included in the mothers stay.

health initiatives and de-institutionalization efforts have accounted for much of the growth in clinic and community-based services as new care settings are established. Program areas which appeared to experience decreases in utilization were dental services and hospital outpatient (visits), though hospital outpatient expenditures and average cost per service increased.

THE PRENATAL ASSISTANCE PROGRAM

During fiscal year 1987, DHMH established a program to provide medical care coverage to pregnant teenagers below the poverty level. The Prenatal Assistance Program (PAP) is a limited health insurance program which provides prenatal, delivery, and post partum care to low income pregnant woman under 21 years of age and preventive health care to their infants under 3 months of age.

Administered through the local health departments, special case coordinators assist and counsel the young women enrolled, arranging for receipt of appropriate services. A primary function of the program is to assure prenatal care coverage to young women who lack medical coverage. Many of these women would normally become Medicaid eligible only at the time of delivery. PAP allows for the receipt of early prenatal care for pregnant adolescents, a medically high risk group.

The Program began operation in October, 1986 and by June, 1987 had enrolled nearly 1800 young women statewide. About 20% became Medicaid eligible during the year. Expenditures under PAP were $ .4 million, representing 3,100 LHD clinic visits, 480 physician visits, 300 family planning visits, and 350 hospital visits.

Because of the short time the program was operational during fiscal year 1987 and the small amount of money expended, expenditures for PAP recipients are included in the tables in this publication, but not specifically identified.

For fiscal year 1988, PAP's provisions have been expanded upon by the State's taking advantage of a provision of the Omnibus Budget Reconciliation Act of 1986, enacted by Congress in the fall of 1986. One provision of this law enables states to provide Medicaid coverage for pregnant women and children (up to age one) up to 100% of poverty level. All pregnancy-related services can be covered for the woman, and complete Medicaid coverage is available for the children.

Effective July, 1987 Maryland begins coverage of pregnant women and children (under age one) under the OBRA provisions. The Pregnant Women and Infants (PWI) program is expected to enroll many PAP and would-be PAP eligibles. Federal matching funds are available for expenditures incurred by PWI recipients, thereby reducing state-only expenditures for this population.

MARYLAND PHARMACY ASSISTANCE PROGRAM

The Maryland Pharmacy Assistance Program (MPAP) was established by legislation passed in the 1978 session of the Maryland General Assembly; the program was implemented on January22, 1979. The purpose of this 100% State funded program is to provide help to Maryland residents who are not eligible for participation in the Medical Assistance (MA), but who meet the eligibility requirements of the Maryland Pharmacy Assistance Program (MPAP). The MPAP pays for prescription drugs requiring a prescription by law, which are currently declared effective by the Federal Drug Administration (FDA); Schedule V cough preparations, prescribed insulin, insulin syringes and needles, contraceptives (except condoms), and certain formulated nutritional preparations when prescribed by a physician, and Enteric-Coated aspirin for arthritis. Under this program, each recipient must pay $1.00 for each prescription and each refill, and the State pays the rest.

Eligibility for the Maryland Pharmacy Assistance Program is based on the financial resources available to the family unit. A 1985 amendment to the original legislation allows the program to increase the maximum gross allowable income standards annually at the time Social Security benefits are increased, by the larger of either any Social Security cost-of-living percentage increase, not to exceed 8%, or the dollar amount which the Medical Assistance income standards are increased by the State. During fiscal year 1987, asset standards for the Maryland Pharmacy Assistance Program are the same as for the Maryland Medical Assistance Program. A 1987 amendment to the original legislation will increase this asset limit to 1.5 times the Medical Assistance accountable resource standards as of July 1, 1987. The following table shows the gross allowable income and asset standards effective during fiscal year 1987:

MAXIMUM GROSS BASE ALLOWABLE ANNUAL INCOME

NUMBER OF PERSONS IN HOUSEHOLD	7/1/86	12/1/86	MAXIMUM TOTAL ALLOWABLE ASSETS
1	$5,800	$6,100	$2,500
2	$6,400	$6,700	$2,600
3	$7,000	$7,300	$2,700
4	$7,600	$7,900	$2,800
5	$8,150	$8,400	$2,900
6	$8,800	$9,100	$3,000
7	$9,400	$9,750	$3,100
8	$10,150	$10,550	$3,200
9	$11,250	$11,250	$3,300
10	$11,950	$11,950	$3,400
Each Additional Person	$600	$650	$100

In fiscal year 1987, there was an average enrollment of 15,088 per month. Table 36 describes the average program enrollment by residence and selected demographic characteristics. The program paid $6,095,085 for 335,360 prescriptions, an average of $18.17 per prescription. Table 37 is a summary of the maximum gross allowable income base standards, average enrollment, total costs and number of prescriptions, average cost of prescriptions, and average prescriptions per recipient from fiscal year 1983 through fiscal year 1987.

TABLES

The following tables give further details on the operations and activities of the Maryland Medical Assistance Program. Tables 1 - 17 describe Program payments, enrollees, recipients, and services provided by eligibility category, residence and selected demographic characteristics. Tables 18 - 32 provide detailed information about specific services provided. Table 33 gives summary information on Medical Assistance enrollment during the year. Table 34 provides a summary of selected Medical Assistance Program data over a five year period. Tables 35 and 36 show data on the Prenatal Assistance Program and the Pharmacy Assistance Program respectively. Table 37 shows summary data on the Pharmacy Assistance Program over a five year period.

For fiscal year 1987, Table 9 has been revised to include data on recipients and days of institutional care. Two new tables reflect enrollment characteristics of Pharmacy Assistance and Prenatal Assistance enrollees. Other tables follow previous years' format.

Program regulations allow providers to submit claims as late as twelve months after the date a service is provided. Since the statistics in the following tables are based on the date payment is made, rather than the date service is provided, the statistics represent some services provided in the previous fiscal year. When major claims processing changed are instituted, delays in payment may also occur.

Because many services for persons aged 65 years and older or disabled persons are partially funded by the federal Medicare program, the number of services provided and the payments made through the Maryland Medical Assistance Program for these persons do not represent all the health care services they receive. Tables 1 - 17 reflect only the health care services for those aged 65 and over which were paid for by the Medical Assistance Program.

TABLE 1. AVERAGE NUMBER OF ENROLLEES BY RESIDENCE OF ENROLLEE AND ELIGIBILITY CATEGORY: FISCAL YEAR 1987

RESIDENCE OF ENROLLEE	ELIGIBILITY CATEGORY[1]														
	All Categories	Federally Matched Categorically Indigent					Federally Matched Medically Indigent						Non-Federally Matched		
		OAA	PANB	APTD	EP	AFDC	MAO	MAB	MAD	MAFC	MAC	MAR	GPA	STND I	SA
Total State	341,529	18,976	393	37,789	56	216,705	15,632	9	4,397	4,615	8,849	4,091	21,901	7,154	962
Baltimore City	183,122	8,258	271	17,241	31	127,324	4,088	3	1,457	2,146	2,719	1,275	15,669	2,216	424
Total Counties	158,407	10,718	122	20,548	25	89,381	11,544	6	2,940	2,469	6,130	2,816	6,232	4,938	538
Allegany	8,125	354	12	994	2	4,831	574	*	146	33	406	181	161	417	14
Anne Arundel	15,042	777	3	2,162	*	9,038	887	1	268	270	394	191	708	316	27
Baltimore	23,234	1,238	23	3,130	5	13,093	2,410	*	480	301	680	355	871	580	68
Calvert	2,460	142	1	340	*	1,302	154	*	44	71	144	51	89	112	10
Caroline	1,882	256	3	290	*	1,031	120	*	31	23	39	15	27	26	11
Carroll	2,834	241	4	483	*	1,295	339	*	68	65	84	30	107	88	30
Cecil	3,941	167	4	474	*	2,226	202	1	52	80	289	138	114	194	*
Charles	5,165	251	3	600	2	2,953	246	*	95	79	355	154	143	246	39
Dorchester	3,134	434	1	366	*	1,761	200	*	45	20	99	31	67	81	29
Frederick	4,064	274	1	642	*	2,042	370	*	112	84	174	75	138	119	33
Garrett	2,834	142	1	389	3	1,416	168	*	51	15	269	133	51	176	10
Harford	6,114	279	4	823	*	3,586	339	1	86	105	284	124	224	239	20
Howard	2,732	215	1	420	*	1,091	282	*	84	82	230	133	68	119	7
Kent	1,052	143	3	125	*	506	85	*	24	5	48	14	22	71	7
Montgomery	19,163	2,154	23	2,401	2	9,120	1,753	1	361	308	520	233	1,795	453	39
Prince George's	32,701	1,539	16	3,694	7	21,224	1,444	1	522	646	1,087	528	1,052	838	103
Queen Anne's	1,654	173	1	178	*	855	142	*	52	27	79	27	53	67	*
St. Mary's	3,447	357	4	428	2	2,080	174	1	48	35	75	28	129	68	18
Somerset	2,238	339	1	297	*	1,059	184	*	31	11	117	42	50	95	12
Talbot	1,511	168	2	239	*	694	183	*	42	18	53	16	44	45	7
Washington	7,478	343	5	1,024	1	4,190	630	*	147	132	375	158	138	310	25
Wicomico	5,442	451	6	787	1	2,893	451	*	116	31	245	115	142	182	22
Worcester	2,170	281	*	262	*	1,095	207	*	35	28	84	46	38	86	8

[1]See Appendix A, Glossary of Terms for definitions of eligibility categories.

*Less than 0.5.

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TABLE 2. PAYMENTS BY ELIGIBILITY CATEGORY AND TYPE OF SERVICE: FISCAL YEAR 1987

ELIGIBILITY CATEGORY	TYPE OF SERVICE										
	All Services[2]	Hospital Inpatient	State Hospital	Nursing Facility	ICF-MR Facilitiy	Hospital Outpatient	Physician	Pharmacy	Dental	Home and Community Health	Special Services
All Categories[1]	$846,714,045	$281,618,626	$26,934,629	$221,049,926	$78,197,661	$70,818,047	$67,997,323	$52,411,016	$4,172,330	$32,626,332	$10,887,555
Federally Matched Categorically Indigent	395,919,180	152,665,413	9,313,768	31,308,060	37,319,473	49,822,959	46,840,511	32,375,858	3,426,569	25,600,343	7,246,235
OAA	53,819,477	9,135,968	6,650,292	19,222,462	556,767	1,749,846	2,896,786	6,818,159	42,110	5,990,243	756,844
PANB	1,046,622	309,327	8,608	178,384	125,219	81,420	67,972	103,145	2,589	150,099	19,360
APTD	160,036,640	48,784,062	2,560,429	11,902,635	36,618,327	12,467,728	12,845,212	13,317,385	235,260	18,355,959	2,949,643
EP	100,279	46,055	--	--	--	10,265	7,921	18,628	258	15,447	1,705
AFDC	180,916,170	94,390,001	94,439	4,579	19,160	35,513,700	31,022,620	12,118,541	3,146,352	1,088,595	3,518,183
Federally Matched Medically Indigent	344,128,762	59,796,667	17,630,205	189,610,319	40,878,205	6,026,570	8,771,049	12,992,743	430,146	5,896,784	2,096,074
MAO	209,641,915	9,625,152	12,987,151	171,844,201	374,282	721,839	2,434,531	9,639,005	20,845	794,462	1,150,447
MAB	90,698	6,376	--	35,698	36,514	3,720	3,438	4,404	--	84	264
MAD	89,056,998	17,145,185	4,490,438	17,715,012	39,510,242	1,125,032	1,781,049	2,183,103	17,746	4,607,158	482,034
MAFC	7,542,015	4,100,442	68,969	--	957,167	1,079,831	792,207	201,512	118,563	112,649	110,674
MAC	25,024,447	20,192,399	68,349	10,686	--	1,588,094	2,032,707	375,914	238,132	319,375	198,271
MAR	12,772,659	8,726,913	14,798	4,722	--	1,508,054	1,727,117	538,805	34,810	63,056	154,384
Non-Federally Matched	106,666,097	69,156,545	-9,344	131,530	--	14,968,519	12,385,764	7,042,414	316,166	1,129,256	1,445,246
GPA	62,539,426	35,158,791	--	58,889	--	10,996,670	8,344,517	5,773,081	214,993	825,363	1,167,122
STND I	43,576,852	33,753,273	-9,344	72,641	--	3,851,334	3,963,914	1,225,732	75,315	285,470	358,517
SA	549,819	244,481	--	--	--	120,515	77,333	43,601	25,858	18,423	19,607

[1] See Appendix A, Glossary of Terms, for definitions of eligibility categories.

[2] Does not include premiums paid for buy-in of Part B of Medicare; capitation payments for health maintenance organizations; or payments for health maintentance organizations; payments to local health departments for screening under the early and periodic screening, diagnosis and treatment program; or general transportation services.

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TABLE 3. PAYMENTS BY RESIDENCE AND ELIGIBILITY CATEGORY: FISCAL YEAR 1987

Residence of Enrollee	ELIGIBILITY CATEGORY[1,2] All Categories	OAA	PANB	APTD	EP	AFDC	MAO	MAB	MAD	MAFC	MAC	MAR	GPA	STND I	SA
Total State	$846,714,045	$53,819,477	$1,046,622	$160,036,640	$100,279	$180,916,170	$209,641,915	$90,698	$89,056,998	$7,542,015	$25,024,477	$12,772,659	$62,539,526	$43,576,852	$549,819
Baltimore City	375,575,112	25,154,642	663,273	72,393,724	71,827	107,829,438	58,955,052	8,951	33,339,763	3,726,978	8,518,880	4,155,488	43,836,683	16,665,204	255,208
Total Counties	471,138,933	28,664,835	383,349	87,642,916	28,453	73,086,732	150,686,863	81,743	55,717,235	3,815,037	16,505,597	8,617,171	18,702,743	26,911,648	294,611
Allegany	21,492,404	1,223,012	33,016	3,381,034	0	4,053,642	7,561,645	0	2,943,171	29,067	660,509	262,987	413,273	929,568	1,480
Anne Arundel	43,586,124	2,045,240	0	8,906,160	0	8,068,416	12,215,536	17,281	5,213,310	386,180	1,256,696	647,667	2,251,181	2,570,950	7,507
Baltimore	81,796,368	3,048,264	48,374	13,007,081	3,570	10,621,995	33,475,858	14	11,299,524	454,669	1,992,698	1,333,834	2,619,633	3,301,756	89,098
Calvert	6,753,370	430,688	2,288	1,430,625	0	1,113,149	1,790,413	11,841	586,100	79,568	272,418	120,706	301,542	611,579	2,453
Caroline	5,559,008	768,874	1,339	1,111,192	0	738,108	1,812,982	0	649,102	17,717	75,559	50,770	100,870	226,705	5,789
Carroll	11,683,769	915,945	29,697	2,493,810	0	984,197	4,739,685	0	1,255,585	64,523	298,277	58,583	358,399	476,523	8,545
Cecil	10,432,244	427,366	426	2,453,732	0	2,016,376	2,765,514	5,514	966,287	143,278	530,725	291,435	358,206	823,385	0
Charles	10,916,104	863,663	12,598	2,027,503	1,891	2,334,927	2,252,774	502	867,035	134,763	583,369	388,658	387,735	994,059	66,627
Dorchester	8,250,662	1,044,383	201	1,553,172	0	1,379,054	2,706,284	0	696,334	11,106	150,691	144,139	174,441	382,060	8,747
Frederick	13,371,099	1,140,200	701	2,378,886	0	1,510,097	4,452,416	0	1,954,437	103,085	513,607	146,306	549,131	616,480	5,753
Garrett	6,302,017	433,529	22	1,435,805	8,201	1,085,430	1,935,218	0	816,098	9,183	255,672	192,187	121,514	456,737	2,421
Harford	17,505,306	786,400	6,857	3,406,384	0	3,014,206	4,749,254	19,109	2,185,168	92,947	534,356	417,639	665,237	1,622,768	4,981
Howard	10,477,536	472,086	345	2,055,275	0	928,470	3,424,336	0	1,243,510	86,527	608,543	437,055	472,038	743,410	5,740
Kent	3,709,575	253,017	273	453,455	0	526,779	1,360,287	0	377,813	2,487	213,769	144,133	88,003	287,196	2,363
Montgomery	60,827,309	4,944,431	56,741	10,007,512	3,325	7,331,847	23,196,050	670	6,578,628	565,174	1,136,511	799,082	3,987,635	2,198,962	20,741
Prince Georges	83,956,762	3,683,339	117,847	17,716,704	9,285	17,228,908	17,028,342	2,124	9,495,226	1,238,623	5,126,346	2,061,837	3,683,163	6,524,649	40,369
Queen Anne	5,909,668	521,986	858	792,188	0	962,573	1,850,882	0	925,553	10,088	299,217	108,571	163,658	274,094	0
St. Marys	9,980,600	1,190,647	3,580	1,822,771	1,647	1,917,755	2,371,616	24,762	1,089,017	82,935	193,085	113,290	574,786	593,049	1,700
Somerset	6,655,318	972,801	6,625	811,181	0	729,319	2,618,598	0	562,693	24,947	268,346	101,576	147,260	411,311	161
Talbot	5,746,811	340,552	7,912	1,244,741	0	794,231	2,001,640	0	639,269	51,176	130,603	45,478	201,320	235,525	4,366
Washington	20,898,099	1,043,124	20,339	4,338,441	739	2,615,117	7,798,452	0	2,727,471	148,528	559,701	293,092	392,474	956,029	4,543
Wicomico	17,190,727	1,360,915	32,955	3,979,589	144	2,491,737	5,434,839	0	1,893,048	62,545	338,183	311,108	531,154	756,248	3,262
Worcester	7,583,476	814,373	105	1,085,675	0	639,899	3,094,242	0	702,856	15,927	506,716	146,933	160,130	413,605	2,960
Recoveries	(-423.00)				(-349.00)			(-74.00)							

[1] See Appendix A, Glossary of Terms for definitions of eligibility categories.

[2] Payments do not include premiums paid for by-in of Part B of Medicare; or General Transporation Services.

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TABLE 4. PAYMENTS BY RESIDENCE AND SERVICE: FISCAL YEAR 1987

RESIDENCE OF ENROLLEE	TYPE OF SERVICE										
	All Services	Hospital Inpatient	State Hospital	Nursing Facility	ICF-MR Facilitiy	Hospital Outpatient	Physician	Pharmacy	Dental	Home and Community Health	Special Services
Total State	$846,714,045	$218,618,626	$26,934,629	$221,049,926	$78,197,661	$70,818,047	$67,997,323	$52,411,016	$4,172,880	$32,626,382	$10,887,555
Baltimore City	375,575,112	151,700,077	9,651,330	66,690,559	26,506,281	45,486,697	31,007,612	23,236,595	2,061,167	12,925,586	6,309,207
Total Counties	471,138,933	129,918,549	17,283,299	154,359,367	51,691,380	25,331,350	36,989,711	29,174,421	2,111,713	19,700,796	4,578,343
Allegany	21,492,054	4,409,151	654,673	7,786,930	2,479,739	1,386,718	1,693,397	1,703,065	127,714	1,047,136	203,531
Anne Arundel	43,586,121	14,281,520	1,853,523	12,342,267	3,496,255	2,170,081	3,588,237	2,573,893	207,308	2,521,293	551,744
Baltimore	81,796,370	19,068,698	1,610,028	33,622,457	9,283,634	4,469,249	5,102,471	4,865,018	330,100	2,552,015	892,700
Calvert	6,753,370	2,289,421	231,872	1,990,458	219,170	354,121	898,432	473,897	35,574	206,787	53,588
Caroline	5,559,009	1,018,540	391,163	2,113,231	786,486	225,449	395,832	406,116	25,970	147,414	48,806
Carroll	11,683,769	1,876,244	700,344	4,673,978	1,345,478	319,779	763,610	736,253	37,184	1,119,073	111,826
Cecil	10,482,243	3,070,655	305,496	2,854,892	1,556,345	748,138	903,445	766,410	70,604	108,127	98,133
Charles	10,916,104	3,852,994	212,325	2,649,475	482,465	910,120	1,412,190	777,907	71,781	391,109	155,738
Dorchester	8,250,662	1,954,917	480,108	2,853,140	602,090	461,942	738,571	641,022	44,597	396,131	78,144
Frederick	13,371,099	2,690,272	934,377	4,823,379	1,914,216	450,941	991,127	896,908	42,945	505,956	120,978
Garrett	6,802,016	1,562,375	106,382	2,327,041	648,623	453,323	532,803	610,097	58,906	438,325	63,641
Harford	17,505,306	5,433,215	373,923	4,870,588	1,779,723	1,026,951	1,630,332	1,213,169	116,977	880,369	180,059
Howard	10,477,536	2,946,947	132,879	3,248,315	1,333,083	432,296	874,333	619,244	35,920	732,386	122,134
Kent	3,709,505	1,120,410	420,457	1,074,489	353,258	147,496	250,465	242,094	16,596	55,200	29,040
Montgomery	60,827,309	14,107,671	1,708,448	24,216,176	7,082,436	2,924,350	4,762,600	3,475,211	233,566	1,842,364	473,987
Prince Georges	83,956,763	34,149,654	925,414	19,103,900	9,764,497	5,268,736	6,735,376	4,149,785	313,520	2,765,212	780,667
Queen Anne	5,909,667	1,775,465	661,548	1,571,594	572,177	203,111	434,510	354,377	21,440	272,548	42,898
St. Marys	9,980,600	2,947,508	566,388	2,577,874	1,378,222	472,738	993,063	581,731	31,685	324,644	106,748
Somerset	6,655,319	1,256,778	702,770	2,436,677	358,573	313,543	533,257	487,494	25,061	473,364	62,802
Talbot	5,746,810	1,343,441	166,161	2,059,205	1,032,053	230,118	351,724	331,355	19,083	181,667	31,803
Washington	20,898,099	3,364,627	1,655,439	7,416,860	2,234,800	1,145,765	1,452,622	1,681,500	133,772	1,618,130	194,584
Wicomico	17,190,728	3,928,199	1,536,093	4,936,135	2,050,016	980,054	1,451,965	1,153,675	86,062	945,577	122,952
Worcester	7,588,474	1,469,847	953,488	2,810,306	938,041	236,331	499,299	434,000	25,348	169,969	51,845

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TABLE 5. AVERAGE PAYMENT PER ENROLLEE BY ELIGIBILITY CATEGORY AND TYPE OF SERVICE: FISCAL YEAR 1987

ELIGIBILITY CATEGORY[1]	TYPE OF SERVICE										
	All Services[2]	Hospital Inpatient	State Hospital	Nursing Facility	ICF-MR Facilitiy	Hospital Outpatient	Physician	Pharmacy	Dental	Home and Community Health	Special Services
All Categories	$2,479	$827	$73	$674	$229	$207	$199	$153	$12	$96	$32
Federally Matched Categorically Indigent	1,445	557	34	114	136	182	171	118	13	93	26
OAA	2,836	481	3,504	1,013	29	92	153	359	2	316	40
PANB	2,663	787	22	454	318	207	173	262	7	332	51
APTD	4,235	1,291	68	315	969	330	340	352	6	486	73
EP	1,791	822	--	--	--	183	141	333	5	276	30
AFDC	835	436	--	--	--	164	143	56	15	5	16
Federally Matched Medically Indigent	9,154	1,591	469	5,044	1,087	160	233	346	11	157	56
MAO	13,411	616	831	10,993	24	46	156	620	1	51	74
MAB	10,007	730	--	3,968	4,057	413	382	439	--	9	29
MAD	20,254	3,899	1,021	3,906	8,936	256	405	496	4	1,048	110
MAFC	1,634	889	15	--	207	234	172	44	26	24	24
MAC	2,828	2,282	8	1	--	179	230	42	27	36	22
MAR	3,122	2,133	4	1	--	369	422	132	9	15	38
Non-Federally Matched	3,554	2,304	--	4	--	499	413	235	11	38	48
GPA	2,856	1,605	--	3	--	502	381	264	10	38	53
STND I	6,091	4,718	-1	10	--	538	554	171	11	40	50
SA	572	254	--	--	--	125	80	45	27	19	20

[1] See Appendix A, Glossary of Terms, for definitions of eligibility categories.

[2] Does not include premiums paid for buy-in of Part B of Medicare; capitation payments for health maintenance organizations; or payments for general transportation services.

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TABLE 6. AVERAGE PAYMENT PER ENROLLEE BY RESIDENCE OF ENROLLEE AND ELIGIBILITY CATEGORY: FISCAL YEAR 1987

RESIDENCE OF ENROLLEE	ELIGIBILITY CATEGORY[1]														
	All Categories[2]	Federally Matched Categorically Indigent					Federally Matched Medically Indigent						Non-Federally Matched		
		OAA	PANB	APTD	EP	AFDC	MAO	MAB	MAD	MAFC	MAC	MAR	GPA	STND I	SA
Total State	$2,479	$2,836	$2,663	$4,235	$1,791	$834	$13,411	$10,078	$20,254	$1,622	$2,828	$3,122	$2,856	$6,091	$572
Baltimore City	2,051	3,046	2,448	4,199	2,317	347	14,421	2,987	22,882	1,737	3,133	3,259	2,798	7,520	602
Total Counties	2,974	2,673	3,142	4,265	1,124	818	13,053	13,612	18,951	1,545	2,693	3,060	2,999	5,450	548
Allegany	2,645	3,454	2,751	3,401	--	839	13,174	--	20,159	831	1,627	1,453	2,567	2,229	106
Anne Arundel	2,898	2,632	--	4,119	--	893	13,772	17,283	19,453	1,430	3,190	3,391	3,180	8,136	278
Baltimore	3,520	2,462	2,103	4,156	714	811	13,890	--	23,541	1,511	2,930	3,757	3,008	6,555	1,310
Calvert	2,745	3,033	2,288	4,208	--	855	11,626	11,341	13,320	1,120	1,892	2,367	3,388	3,461	245
Caroline	2,954	3,003	446	3,832	--	716	15,108	--	20,939	770	1,937	3,385	3,736	6,297	526
Carroll	4,123	3,801	7,424	5,163	--	760	13,981	--	18,464	993	3,551	1,953	3,350	5,415	285
Cecil	2,660	2,559	107	4,544	--	906	13,691	5,514	18,582	1,791	1,336	2,112	3,142	4,244	--
Charles	2,113	3,441	4,199	3,379	946	791	9,158	502	9,127	1,706	1,643	2,524	2,711	4,043	1,753
Dorchester	2,633	2,406	201	4,244	--	733	13,531	--	15,474	555	1,522	4,651	2,604	4,716	302
Frederick	3,290	4,161	701	3,705	--	740	12,034	--	17,450	1,227	2,952	1,951	3,979	5,181	174
Garrett	2,409	3,053	22	3,820	2,734	767	11,519	--	16,002	612	950	1,445	2,383	2,595	242
Harford	2,863	2,819	1,714	4,139	--	841	14,010	19,109	25,409	885	1,832	3,363	2,970	6,790	249
Howard	3,835	2,196	545	3,952	--	851	12,143	--	14,304	1,055	2,646	3,286	6,942	6,247	820
Kent	3,526	1,769	91	3,628	--	1,041	16,003	--	15,742	497	4,454	10,295	4,000	4,045	338
Montgomery	3,174	2,319	2,467	4,168	4,663	804	13,232	670	18,223	1,835	2,186	3,430	2,222	4,854	532
Prince George's	2,567	2,393	7,365	4,796	1,326	812	11,792	2,124	18,190	1,917	4,716	3,905	3,501	7,786	392
Queen Anne's	3,573	3,017	858	4,450	--	1,126	13,034	--	17,799	374	3,788	4,021	3,088	4,091	--
St. Mary's	2,895	3,335	895	4,259	824	922	13,630	24,762	22,688	2,370	2,574	4,046	4,455	8,721	94
Somerset	2,974	2,870	6,625	2,731	--	589	14,232	--	18,151	2,268	2,294	2,418	2,945	4,330	13
Talbot	3,803	2,027	3,956	5,208	--	1,144	10,938	--	16,411	2,843	2,464	2,342	6,661	5,234	364
Washington	2,795	3,041	4,078	4,237	739	624	12,378	--	18,554	1,125	1,493	1,855	2,844	3,084	182
Wicomico	3,159	2,885	5,493	5,057	144	861	12,162	--	16,319	2,018	1,380	2,705	3,741	4,155	376
Worcester	3,497	2,898	--	4,144	--	584	14,948	--	20,082	569	6,032	3,195	4,214	4,368	370

1 See Appendix A, Glossary of Terms for definitions of eligibility categories.

2 Does not include premiums paid for buy-in of Part B Medicare; capitation payments for health maintenance organizations; or payments for general transportation services.

TABLE 7. AVERAGE PAYMENT PER ENROLLEE BY RESIDENCE OF ENROLLEE AND SERVICE TYPE: FISCAL YEAR 1987

RESIDENCE OF ENROLLEE	TYPE OF SERVICE										
	All Services[1]	Hospital Inpatient	State Hospital	Nursing Facility	ICF-MR	Hospital Outpatient	Physician	Pharmacy	Dental	Home and Community Health	Special Services
Total State	$2,479	$825	$79	$647	$229	$207	$199	$153	$12	$95	$32
Baltimore City	2,051	828	53	364	145	248	169	[illegible]7	11	71	34
Total Counties	2,974	820	109	974	326	160	234	184	13	124	29
Allegany	2,645	543	81	958	305	171	208	210	16	129	25
Anne Arundel	2,898	949	123	821	232	144	239	171	14	168	37
Baltimore	3,520	821	69	1,447	400	192	220	209	14	110	38
Calvert	2,745	930	94	809	89	144	365	193	14	84	22
Caroline	2,954	541	208	1,123	418	120	210	216	14	73	26
Carroll	4,123	662	247	1,649	475	113	269	260	13	395	39
Cecil	2,660	779	78	724	395	190	229	194	18	27	25
Charles	2,113	746	41	513	93	176	273	151	14	76	30
Dorchester	2,633	624	153	910	192	147	236	205	14	126	25
Frederick	3,290	662	230	1,187	471	111	244	214	11	124	30
Garrett	2,490	533	38	824	230	161	189	216	21	155	23
Harford	2,863	889	61	797	291	168	267	198	19	144	29
Howard	3,835	1,079	49	1,189	488	158	320	227	13	268	45
Kent	3,526	1,065	400	1,021	336	140	238	230	16	52	28
Montgomery	3,174	736	89	1,264	370	153	249	181	12	96	25
Prince George's	2,567	1,044	28	584	299	161	206	127	10	85	24
Queen Anne's	3,573	1,073	400	950	346	123	263	214	13	165	26
St. Mary's	2,895	855	164	743	400	137	288	169	9	94	31
Somerset	2,974	562	314	1,089	160	140	238	218	11	214	28
Talbot	3,803	889	110	1,362	683	152	232	219	13	120	21
Washington	2,795	450	221	992	299	153	194	225	18	216	26
Wicomico	3,159	722	282	907	377	180	267	212	16	174	23
Worcester	3,497	677	439	1,295	432	109	230	200	12	78	24

[1] Does not include premiums paid for buy-in of Part B of Medicare; capitation payments for health maintenance organizations; or payments for general transportation services.

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TABLE 8. NUMBER OF SELECTED SERVICES BY RESIDENCE OF RECIPIENT: FISCAL YEAR 1987

RESIDENCE OF RECIPIENT	UNITS OF SERVICE									
	General Hospital Inpatient Discharges	General Hospital Inpatient Days	Nursing Facility Days	ICF-MR DAYS	Outpatient Department Visits	Emergency Room Visits	Physician Home &Office Visits	Pharmacy Invoices	Dental Services	Home and Community Health Services
Total State	86,080	456,851	5,364,673	602,381	275,131	230,849	765,157	3,250,190	378,132	1,145,942
Baltimore City	43,613	238,134	1,527,195	186,705	230,150	125,500	344,656	1,434,919	191,451	542,144
Total Counties	42,467	218,717	3,837,478	415,676	44,981	105,349	420,501	1,815,271	186,681	603,798
Allegany	2,239	9,403	204,324	18,282	473	11,348	19,228	113,461	12,751	43,516
Anne Arundel	4,280	23,198	311,523	22,496	4,935	8,916	43,640	159,923	18,580	73,496
Baltimore	5,565	29,874	854,401	62,979	18,081	11,375	56,130	301,034	28,781	65,574
Calvert	770	3,987	48,709	1,990	284	1,098	3,031	29,149	2,912	6,432
Caroline	508	1,967	53,530	6,579	97	1,034	5,027	28,007	2,447	7,271
Carroll	594	3,022	118,223	9,385	442	1,094	7,926	44,892	3,578	30,075
Cecil	1,455	5,824	70,405	12,637	652	2,361	13,533	49,951	5,725	3,686
Charles	1,455	6,536	62,162	4,543	394	3,793	14,129	47,058	6,285	8,175
Dorchester	895	3,823	70,382	5,107	197	2,011	8,831	44,617	4,151	28,131
Frederick	971	4,713	133,241	14,767	332	2,930	10,316	55,849	4,035	15,581
Garrett	766	3,023	60,482	4,566	47	4,871	7,765	40,342	5,067	17,400
Harford	2,005	10,113	117,598	11,445	2,534	2,735	23,391	77,534	9,307	20,640
Howard	873	5,320	80,499	8,727	724	1,476	9,261	35,538	3,163	16,706
Kent	464	2,046	26,904	3,009	81	722	3,249	16,652	1,316	1,127
Montgomery	4,521	25,098	574,335	67,341	2,922	9,606	59,230	207,373	18,967	35,826
Prince George's	9,132	50,531	431,871	92,243	11,286	19,555	71,793	255,732	27,745	65,047
Queen Anne's	655	3,145	42,355	4,796	122	917	5,325	24,340	2,044	6,365
St. Mary's	989	4,897	60,764	11,543	254	2,987	9,370	34,244	2,843	12,836
Somerset	525	2,427	56,801	2,945	102	1,216	4,810	33,983	2,527	31,366
Talbot	533	2,715	56,895	8,659	92	1,280	4,243	22,587	1,906	7,379
Washington	1,409	5,719	201,584	16,557	564	7,486	18,063	95,777	11,377	51,335
Wicomico	1,385	7,652	131,771	17,120	253	5,679	11,704	68,619	7,795	45,221
Worcester	488	2,892	68,714	7,910	113	809	5,456	28,559	2,374	3,963

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TABLE 9. RECIPIENTS AND DAYS OF INSTITUTIONAL CARE BY TYPE OF CARE AND ELIGIBILITY CATEGORY: FISCAL YEAR 1987

ELIGIBILITY CATEGORY[1]	TYPE OF FACILITY: General Hospitals			Inpatient M.H.		SNF		ICF-Other		ICF-MR	
	Recipients Discharged	Number of Discharges	Total Days of Care	Recipients	Days of Care	Recipients	Days of Care	Recipients	Days of Care	Recipients	Days of Care
Total - All Categories	65,340	86,080	456,851	408	122,903	1,961	207,731	21,818	5,157,209	1,936	602,381
Federally Matched Categorically Indigent	41,815	53,812	262,085	121	43,233	184	21,492	2,551	620,502	942	284,768
OAA	1,160	1,755	13,614	89	39,448	104	10,228	1,655	392,889	10	3,476
PANB/EP	51	84	624	0	0	0	0	18	4,298	3	1,174
ATPD	6,086	11,015	81,074	7	1,139	68	11,134	863	221,650	927	279,948
AFDC/A	13,166	16,438	61,746	0	0	2	130	5	874	0	0
AFDC/C	21,352	24,520	105,027	25	2,646	10	0	10	791	2	170
Federally Matched Medically Indigent	10,014	12,357	73,434	285	79,176	1,759	185,695	19,151	4,524,087	991	317,613
MAO	372	460	3,596	225	72,924	1,598	167,983	17,576	4,118,718	13	2,973
MAB	2	4	23	0	0	0	0	2	730	1	358
MAD	1,150	1,941	17,431	0	137	161	17,712	1,569	403,970	946	304,932
MAFC/MAC	5,815	6,721	38,757	60	6,115	0	0	1	138	31	9,300
MAR	2,675	3,231	13,627	0	0	0	0	3	531	0	0
Non-Federally Matched	14,011	19,911	121,332	2	494	18	544	116	12,620	3	0
GPA	6,915	10,927	67,143	0	180	4	37	28	3,358	0	0
STND I	7,036	8,908	53,777	1	30	14	507	88	9,262	3	0
SA	60	76	412	1	284	0	0	0	0	0	0

[1] See Appendix A, Glossary of Terms, for definitionss of eligibility categories.

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TABLE 10. NUMBER OF RECIPIENTS OF SERVICES BY ELIGIBILITY CATEGORY AND TYPE OF SERVICE: FISCAL YEAR 1987

		ELIGIBILITY CATEGORY												
All SERVICES	Total Recipients	OAA	PANB/EP	APTD	AFDC ADULT	AFDC CHILD	MAO	MAB	MAD	MAFC/MAC	MAR	GPA	STD 1	SA
One or More Types[1] of Service	393,683	18,566	418	34,088	71,064	159,413	23,541	14	6,426	21,632	7,925	30,301	19,450	845
Hospital Inpatient[2]	94,602	10,571	142	11,712	13,801	22,670	8,567	4	3,317	6,084	2,840	7,307	7,518	69
Hospital Outpatient	180,754	1,607	189	16,916	42,498	76,495	925	6	1,389	9,283	4,073	18,188	8,833	352
Nursing Facility	23,779	1,759	18	931	7	20	19,174	2	1,730	1	3	32	102	0
ICF - MR	1,936	10	3	927	0	2	13	1	946	31	0	0	3	0
Home Health Care	3,918	158	18	1,355	305	544	78	1	251	151	85	578	392	2
Day Care	1,286	391	8	644	2	0	111	0	88	1	0	31	10	0
Personal Care	4,003	1,891	45	1,394	42	14	319	0	117	4	9	121	47	0
Physician	277,826	15,369	332	27,626	54,636	100,774	14,759	11	4,662	14,690	5,934	24,621	13,830	582
Clinic	42,758	247	22	4,640	9,699	20,708	86	1	308	2,248	804	2,878	1,050	66
EPSDT	29,960	0	5	246	9	27,010	0	0	0	2,527	7	41	36	79
Rural Health	809	32	0	69	130	407	20	0	6	73	22	10	34	6
Pharmacy	263,946	15,768	347	28,276	53,767	95,429	17,654	12	4,032	10,774	4,571	23,390	9,410	516
Dental	68,263	954	58	4,622	12,672	37,840	454	0	326	4,545	774	4,330	1,339	349
Lab & X-Ray	70,349	1,199	66	7,457	22,213	21,184	3,382	2	980	2,411	1,685	7,424	2,269	77
Vision Care	53,392	3,099	56	6,286	11,703	17,220	1,356	1	684	2,088	1,173	7,039	2,549	138
Ambulance/WCV	11,598	1,859	31	1,989	333	289	5,115	0	916	111	51	637	263	4
Physical Therapy	351	11	0	91	85	30	8	0	9	4	10	74	28	1
Podiatry	12,505	2,189	17	1,923	1,225	433	4,818	3	602	78	112	845	255	5
Medical Supplies	10,885	1,626	21	2,416	539	2,402	2,115	0	466	296	71	674	250	9
Waiver	765	11	0	479	0	14	6	0	233	20	0	0	2	0
HMO	36,311	392	23	1,110	8,864	24,188	17	0	7	608	110	872	79	41

[1] Includes recipients of care enrolled in HMO facilities.

[2] Inpatient hospital recipients include all inpatient hospital services (general, special and state facilities).

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TABLE 11. PAYMENTS, RECIPIENTS, AND AVERAGE PAYMENT PER RECIPIENT OF SERVICE BY RACE:
FISCAL YEAR 1987

	PAYMENTS				RECIPIENTS				AVERAGE PAYMENT			
SERVICES	TOTAL PAYMENTS	WHITE RECIPIENTS	BLACK RECIPIENTS	OTHER RECIPIENTS[3]	ALL RECIP	WHITE RECIP	BLACK RECIP	OTHER RECIP[3]	ALL RECIP	WHITE RECIP	BLACK RECIP	OTHER RECIP[3]
SERVICES[1]	$869,066,015	$454,313,862	$399,458,378	$15,292,790	393,683	154,677	229,375	9,631	$2,208	$2,937	$1,742	$1,588
Inpatient Hospital[2]	308,553,225	122,697,467	178,784,888	7,070,871	94,602	42,074	50,415	2,113	3,262	2,916	3,546	3,346
Outpatient Hospital	70,818,047	24,027,909	45,495,549	1,294,589	180,754	64,111	113,480	3,163	392	375	401	409
Nursing Facility	221,049,926	166,897,258	51,744,876	2,407,791	23,779	18,361	5,179	239	9,296	9,090	9,991	10,074
ICF - MR	78,197,661	56,986,959	20,714,093	496,609	1,936	1,433	490	216	40,391	39,768	42,274	2,299
Home Health	4,129,781	1,608,642	2,425,739	95,400	3,918	1,565	2,251	102	1,054	1,028	1,078	935
Day Care	5,528,677	3,112,237	2,313,195	103,245	1,286	674	587	25	4,299	4,618	3,941	4,130
Personal Care	7,568,831	3,016,684	4,390,523	161,624	4,003	1,618	2,333	52	1,891	1,864	1,882	3,108
Physician Services	52,001,887	22,669,940	27,680,475	1,621,471	277,826	118,509	151,536	7,781	187	192	183	208
Clinic Services	11,787,638	5,177,440	6,398,202	211,997	42,758	14,657	27,318	783	276	353	234	271
EPSDT Services	1,400,637	441,446	940,361	18,880	29,960	9,425	20,101	434	47	47	47	44
Rural Health	103,149	38,726	64,391	32	809	271	537	1	128	143	120	32
Pharmacy	52,411,016	27,570,997	23,480,249	1,359,769	263,946	110,504	146,316	7,126	199	250	160	191
Dental	4,172,880	1,686,985	2,362,372	123,523	68,263	25,654	41,061	1,548	61	66	58	80
Lab & X-Ray	2,794,069	997,730	1,730,083	66,255	70,349	26,010	42,930	1,409	40	38	40	47
Vision Care	2,647,928	892,569	1,697,420	57,939	53,392	18,348	33,883	1,161	50	49	50	50
Ambulance/WCV	1,314,390	513,801	779,302	21,287	11,598	6,268	5,143	187	113	82	152	114
Physical Therapy	39,506	16,141	21,052	2,313	351	153	187	11	113	105	113	210
Podiatry	467,593	189,634	272,767	5,192	12,505	7,040	5,280	185	37	27	52	28
Medical Supplies	3,641,752	1,846,436	1,717,037	78,279	10,885	4,825	5,878	182	335	383	292	430
Waiver	15,399,093	11,761,234	3,604,654	33,204	765	573	188	4	20,130	20,526	19,174	8,301
HMO	25,038,279	2,133,625	22,841,130	62,518	36,311	3,540	32,658	113	690	603	699	553

[1] All payment figures exclude premiums paid for buy-in of Part B of Medicare and payments for general transportation services.

[2] Payments for Inpatient Hospital services include all inpatient hospital services (general, special and state facilities).

[3] Other includes $4,089,373 in payments for 2,003 recipients of unknown race.

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TABLE 12. PAYMENTS FOR SERVICES BY AGE, RACE AND SEX OF RECIPIENT:
FISCAL YEAR 1987

RACE AND SEX OF RECIPIENT	AGE OF RECIPIENT									
	All Ages	Under 1	1 - 5	6 - 14	15 - 20	21 - 44	45 - 64	65 - 74	75 - 84	+85
Total Payments[1]	$869,066,015	$53,921,759	$35,960,415	$33,859,641	$49,371,618	$269,740,060	$149,259,191	$76,025,858	$103,981,347	$96,446,126
White	454,190,043	15,539,799	11,498,081	11,624,883	20,411,108	125,503,021	72,716,091	46,178,258	74,008,034	76,655,773
Male	162,425,596	8,588,043	6,260,299	7,133,104	7,799,343	60,054,517	30,285,124	15,727,911	17,400,855	9,175,900
Female	291,764,452	7,001,756	5,237,782	4,491,779	12,611,265	65,453,504	42,430,967	30,450,347	56,607,179	67,479,873
Black	399,649,983	36,963,143	23,950,899	21,329,636	28,718,645	141,064,810	74,292,538	26,959,914	27,815,104	18,555,289
Male	157,643,444	20,253,310	13,535,950	11,143,826	7,208,672	52,622,180	30,275,490	9,742,312	8,731,674	4,075,030
Female	242,006,539	16,709,838	10,414,949	10,180,810	21,509,973	88,442,630	44,017,048	17,217,602	19,033,430	14,480,259
Other[2]	15,225,984	1,368,812	511,435	905,122	741,865	3,167,229	2,250,562	2,887,686	2,158,209	1,235,064
Male	5,739,139	929,652	263,209	384,211	373,308	1,037,353	898,074	1,045,547	573,349	233,936
Female	9,486,845	439,160	248,226	520,911	368,557	2,129,876	1,352,488	1,842,139	1,584,360	1,001,128

[1] All payment figures exclude premiums paid for buy-in of Part B of Medicare and payments for general transportation services. Total includes payments for health maintenance organizations.

[2] Figures include $4,089,373 in payments for recipients of unknown race.

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TABLE 13. AVERAGE NUMBER OF ENROLLEES AND AVERAGE PAYMENT PER ENROLLEE BY AGE, RACE AND SEX: FISCAL YEAR 1987

RACE AND SEX OF ENROLLEE	AGE OF ENROLLEE									
	All Ages	Under 1	1 - 5	6 - 14	15 - 20	21 - 44	45 - 64	65 - 74	75 - 84	+85
Total Enrollees[1]	341,529	17,359	55,195	61,565	35,653	103,470	33,985	14,350	12,053	7,899
White	130,775	5,907	19,086	19,826	12,094	40,154	14,597	6,492	6,964	5,655
Male	50,089	2,942	9,623	10,050	4,554	12,913	5,598	1,947	1,755	707
Female	80,686	2,965	9,463	9,776	7,540	27,241	8,999	4,545	5,209	4,948
Black	201,410	11,141	35,204	40,492	22,647	61,267	18,223	6,212	4,242	1,982
Male	77,085	5,559	17,750	20,218	8,272	15,171	6,636	1,807	1,144	528
Female	124,325	5,582	17,454	20,274	14,375	46,096	11,587	4,405	3,098	1,454
Other	9,344	311	905	1,247	912	2,049	1,165	1,646	847	262
Male	3,738	207	660	656	458	714	359	488	137	59
Female	5,606	104	245	591	454	1,335	806	1,158	710	1,203
Average Payment[2]	$2,545	$3,106	$652	$550	$1,399	$2,607	$4,392	$5,298	$8,627	$12,210
White	3,473	2,639	602	586	1,688	3,126	4,982	7,113	10,627	13,555
Male	3,243	2,919	651	710	1,713	4,651	5,410	8,078	9,915	12,979
Female	3,616	2,361	554	459	1,673	2,403	4,715	6,700	10,867	13,638
Black	1,984	3,318	680	527	1,268	2,302	4,077	4,340	6,557	9,362
Male	2,045	3,643	763	551	871	3,469	4,562	5,391	7,676	7,718
Female	1,947	2,994	597	502	1,496	1,919	3,799	3,909	6,144	9,959
Other	1,629	4,401	565	726	813	1,546	1,932	1,754	2,548	4,714
Male	1,535	4,491	399	586	815	1,453	2,502	2,143	4,189	3,965
Female	1,692	4,223	1,013	881	812	1,595	1,678	1,591	2,231	832

[1] Figures include 2,844 enrollees of unknown race.

[2] All payment figures exclude premiums paid for buy-in of Part B of Medicare and payments for general transportation services. Payment figures include payments for health maintenance organizations.

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TABLE 14. NUMBER OF RECIPIENTS OF SERVICES AND AVERAGE PAYMENT PER RECIPIENT BY AGE, RACE AND SEX: FISCAL YEAR 1987

RACE AND SEX OF RECIPIENT	AGE OF RECIPIENT									
	All Ages	Under 1	1 - 5	6 - 14	15 - 20	21 - 44	45 - 64	65 - 74	75 - 84	85+
Total Recipients	393,683	27,500	58,819	63,293	38,368	117,718	41,901	18,223	16,230	11,631
White	154,677	9,346	19,988	21,266	12,982	45,872	18,017	8,765	9,842	8,599
Male	55,589	4,783	10,128	10,083	4,129	13,541	6,702	2,499	2,493	1,231
Female	99,088	4,563	9,860	11,183	8,853	32,331	11,315	6,266	7,349	7,368
Black	229,375	17,687	37,936	40,850	24,482	69,761	22,572	7,753	5,556	2,778
Male	84,107	8,982	19,143	20,268	7,163	16,111	7,979	2,248	1,558	655
Female	145,268	8,705	18,793	20,582	17,319	53,650	14,593	5,505	3,998	2,123
Other[1]	9,631	467	895	1,177	904	2,085	1,312	1,705	832	254
Male	3,578	242	446	630	419	639	388	514	240	60
Female	6,053	225	449	547	485	1,446	924	1,191	592	194
Average Payment[2]	$2,208	$1,961	$611	$535	$1,300	$2,291	$3,562	$4,172	$6,407	$8,292
White	2,936	1,668	575	547	1,572	2,736	4,036	5,268	7,520	8,914
Male	2,922	1,796	618	707	1,889	4,435	4,519	6,294	6,980	7,454
Female	2,944	1,534	531	402	1,425	2,024	3,750	4,860	7,703	9,159
Black	1,742	2,090	631	522	1,173	2,022	3,291	3,477	5,006	6,679
Male	1,874	2,255	707	550	1,006	3,266	3,794	4,334	5,637	6,221
Female	1,666	1,920	554	495	1,242	1,649	3,016	3,128	4,761	6,821
Other	1,581	2,931	571	769	821	1,519	1,715	1,694	2,594	4,862
Male	1,604	3,842	590	610	891	1,623	2,315	2,034	2,391	3,889
Female	1,567	1,952	553	952	760	1,473	1,464	1,547	2,676	5,160

[1] Figures include 2,003 recipients of unknown race.

[2] All payment figures exclude premiums paid for buy-in of Part B of Medicare and payments for general transportation services. Payment figures include payments for health maintenance organizations.

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TABLE 15. PAYMENTS BY TYPE OF SERVICE AND AGE OF RECIPIENT: FISCAL YEAR 1987

TYPE OF MEDICAL CARE OR SERVICE	Total	AGE OF RECIPIENT IN YEARS								
		Under 1	1 - 5	6 - 14	15 - 20	21 - 44	45 - 64	64 - 75	75 - 84	85 +
Type of Service[1]	$869,066,015	$53,563,051	$35,890,729	$33,899,158	$49,886,235	$269,819,116	$149,336,916	$76,054,423	$104,068,032	$96,548,355
Inpatient Hospital[2]	308,553,225	43,891,416	15,848,890	10,663,497	22,730,494	106,335,043	65,793,562	22,401,187	15,414,718	5,474,419
Outpatient Hospital	70,818,047	3,413,284	6,422,707	6,453,626	7,186,438	33,258,113	13,238,441	635,701	179,229	30,518
Nursing Facility	221,049,926	17,443	797	3,544	185,448	5,335,447	19,656,033	36,756,888	75,573,148	83,521,177
ICF - MR	78,197,661	0	274,413	2,797,726	6,263,375	56,315,254	10,838,436	1,371,965	336,491	0
Home Health	4,129,781	274,032	263,482	110,916	113,256	1,118,482	1,783,577	219,425	140,567	106,045
Day Care	5,528,677	0	0	0	35,873	1,747,340	1,523,518	1,087,882	858,992	275,071
Personal Care	7,568,831	3,688	23,817	76,252	88,080	1,025,643	1,690,242	1,738,548	1,804,599	1,117,962
Physician Services	52,001,887	2,946,981	3,785,986	3,044,954	5,916,199	20,913,258	9,785,284	2,543,810	1,987,023	1,078,691
Clinic Services	11,787,638	312,070	653,468	660,443	861,825	6,603,376	2,378,520	236,166	72,929	8,839
EPSDT Services	1,400,687	552,925	583,370	215,142	48,874	376	0	0	0	0
Rural Health	103,149	17,632	23,968	12,896	6,360	24,938	13,409	1,652	1,178	916
Pharmacy	52,411,016	704,118	1,631,546	1,781,007	2,140,273	14,160,401	13,869,993	7,012,250	6,773,217	4,338,211
Dental	4,172,880	2,623	613,573	1,483,847	939,421	884,830	174,433	44,143	23,133	6,876
Lab & X-Ray	2,794,069	63,765	160,475	154,198	350,665	1,312,815	571,994	59,657	61,856	58,646
Vision Care	2,647,928	1,871	98,045	480,623	280,427	931,353	598,293	156,753	77,259	23,305
Ambulance/WCV	1,314,390	9,060	9,377	-11,781	35,822	282,436	436,879	200,096	201,301	151,201
Physical Therapist	39,506	173	5,714	1,145	2,996	14,482	13,616	847	512	20
Podiatry	467,593	495	1,280	-5,027	20,693	172,042	123,336	53,209	58,379	43,187
Medical Supplies	3,641,752	334,173	327,474	255,064	170,936	726,477	923,263	296,864	334,301	273,202
Waiver	15,399,093	203,758	1,114,239	462,455	403,741	8,848,245	3,519,362	819,752	25,528	2,013
HMO	25,038,279	813,850	4,048,108	5,258,631	2,104,840	9,808,766	2,404,725	417,631	143,672	38,056

[1] All payments exclude premiums paid for buy-in of Part B of Medicare and payments for general transportation. Payment figures include payments for health maintenance organizations.

[2] Payments for inpatient hospital services include all hospital inpatient facilities (general, special, and State facilities).

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TABLE 16. NUMBER OF RECIPIENTS OF SERVICES BY TYPE OF SERVICE AND AGE OF RECIPIENT: FISCAL YEAR 1987

TYPE OF MEDICAL CARE OR SERVICE	AGE OF RECIPIENT IN YEARS									
	All Ages	Under 1	1 - 5	6 - 14	15 - 20	21 - 44	45 - 64	65 - 74	75 - 84	85 +
One or more types of service[1]	393,683	27,500	58,819	63,293	38,368	117,718	41,901	18,223	16,230	11,631
Inpatient Hospital	94,602	14,558	3,584	3,759	8,183	30,239	13,053	8,582	7,477	4,167
Outpatient Hospital	180,754	14,176	29,115	25,866	20,404	66,507	21,546	1,909	894	337
Nursing Facility	23,779	3	1	22	18	453	1,879	4,089	8,294	9,020
ICF - MR	1,936	0	9	75	166	1,350	290	37	9	0
Home Health	3,918	345	246	126	129	1,047	1,719	173	90	43
Day Care	1,286	0	0	0	9	328	370	267	231	81
Personal Care	4,003	2	23	42	51	467	943	943	970	562
Physician Services	277,826	18,796	38,414	36,812	26,382	89,519	34,429	14,101	11,769	7,604
Clinic Services	42,758	3,087	7,941	6,159	6,646	16,025	2,449	329	106	16
EPSDT Services	29,960	8,990	13,557	6,107	1,295	11	0	0	0	0
Rural Health	809	110	210	129	63	184	60	22	19	12
Pharmacy	263,946	16,783	36,379	33,368	24,455	83,212	33,001	14,569	13,041	9,138
Dental Services	68,263	97	11,769	21,794	10,470	18,754	3,732	985	492	170
Lab & X-Ray	70,349	2,180	7,570	5,428	9,462	30,788	9,962	1,561	1,762	1,636
Vision Care	53,392	69	3,224	11,148	5,763	18,087	9,989	2,881	1,614	617
Ambulance/WCV	11,598	120	72	128	223	1,710	1,999	1,954	2,888	2,504
Physical Therapy	351	2	23	16	17	169	102	12	9	1
Podiatry	12,505	15	55	225	295	2,226	2,219	2,067	2,861	2,542
Medical Supplies	10,885	1,377	898	632	305	1,688	1,974	1,287	1,507	1,217
2176 Waiver	765	11	29	23	32	467	169	32	1	1
HMO	36,311	2,121	8,718	10,254	3,860	9,481	1,381	320	129	47

[1]Total recipients include those enrolled in HMO.

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TABLE 17. AVERAGE PAYMENT PER RECIPIENT OF SERVICES BY TYPE OF SERVICE AND AGE OF RECIPIENT: FISCAL YEAR 1987

TYPE OF MEDICAL CARE OR SERVICE	Total	AGE OF RECIPIENT IN YEARS								
		Under 1	1 - 5	6 - 14	15 - 20	21 - 44	45 - 64	65 - 74	75 - 84	85 +
Total - All Services[1]	$2,208	$1,948	$610	$536	$1,300	$2,292	$3,564	$4,174	$6,412	$8,301
Inpatient Hospital[2]	3,262	3,015	4,422	2,837	2,778	3,516	5,040	2,338	2,062	1,314
Outpatient Hospital	392	241	221	250	352	500	614	333	200	91
Nursing Facility	9,296	5,814	797	161	10,303	11,778	10,461	8,939	9,112	9,260
ICF - MR	40,391	0	30,490	37,303	37,731	41,715	37,374	37,080	37,388	0
Home Health	1,054	794	1,071	880	878	1,068	1,038	1,268	1,562	2,466
Day Care	4,299	0	0	0	3,986	5,327	4,118	4,074	3,719	3,396
Personal Care	1,891	1,844	1,036	1,816	1,727	2,196	1,792	1,844	1,860	1,989
Physician Services	187	157	99	83	224	234	284	180	169	142
Clinic Services	276	101	82	107	130	412	971	718	688	452
EPSDT Services	47	62	43	35	38	34	0	0	0	0
Rural Health	128	160	114	100	104	136	223	75	62	76
Pharmacy	199	0	45	53	88	170	420	481	519	475
Dental Services	61	27	52	68	90	47	47	45	47	40
Lab & X-Ray	40	29	21	28	37	43	57	38	35	36
Vision Care	50	27	30	43	49	51	60	54	48	38
Ambulance/WCV	113	75	130	-92	161	165	219	102	70	60
Physical Therapist	113	87	248	72	176	86	133	71	57	20
Podiatry	37	33	23	-22	70	77	56	26	20	17
Medical Supplies	335	243	365	404	560	430	468	231	222	224
Waiver	20,130	18,523	38,422	20,107	12,617	13,947	20,825	25,617	25,528	2,013
HMO	690	384	464	513	545	1,035	1,741	1,305	1,114	810

[1] Includes capitation payments made for Health Maintenance Organization (HMO); but does not include premiums paid for buy-in of Part B of Medicare or payments for general transportation services.

[2] Average payments reflect the inclusion of all hospital services.

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TABLE 18. HOSPITAL PROGRAM: INPATIENT SERVICES AND PAYMENTS
FISCAL YEAR 1987

TYPE OF SERVICE	SERVICES	PAYMENTS
TOTAL - ALL HOSPITALS[1]	10,473,007	$308,553,255
TOTAL - GENERAL AND SPECIALTY	10,307,531	$281,789,112
Room and Board	570,267	142,786,289
Operating/Recovery Room	354,677	13,707,240
Anesthesia	278,382	3,035,282
Delivery Room	30,120	8,868,924
Nursery	39,645	7,927,710
Laboratory	2,259,141	24,901,867
Radiology	204,014	8,515,489
EKG, EEG, etc.	72,913	3,444,471
Pharmacy	3,858,460	18,276,246
Blood/Trans	53,784	3,553,116
Supplies	1,558,637	16,629,649
Inhalation Therapy	609,071	7,789,131
Physical/Occupational Therapy	128,458	2,600,080
Emergency	31,748	3,333,722
Other	219,863	11,733,826
Inpatient Deductible	12,896	6,157,847
Inpatient Coinsurance	14,008	3,505,691
Inpatient Collections	11,447	(4,977,468)
TOTAL - STATE HOSPITALS	165,476	$26,934,631
Room and Board	162,744	27,988,766
Inpatient Deductible	110	40,884
Inpatient Coinsurance	2,622	599,488
Inpatient Collections	--	(1,694,507)
Credits and Adjustments		($170,488)

[1] Includes State Hospital services and payments, not previously included in this table.

Figures indicated are those as billed by providers and do not reflect collections and refunds received. Credits are reflected in net payments to providers.

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TABLE 19. NURSING FACILITY PROGRAM: SERVICES AND PAYMENTS
FISCAL YEAR 1987

TYPE OF SERVICE	SERVICES	PAYMENTS
TOTAL ALL FACILITIES	5,967,054	$299,247,587
TOTAL - ICF-MR FACILITIES	602,981	78,197,661
TOTAL - NURSING FACILITIES	5,364,073	221,060,227
Adjustments		(10,301)
ALL FACILITIES	5,967,054	$299,247,587
Days of Care by Level and Intensity*		
ICF - Light	1,217,320	55,824,538
ICF - Moderate	2,175,601	108,341,485
ICF - Heavy	583,319	33,556,801
ICF - Heavy Special	1,180,376	68,534,459
SNF - Light	41,781	1,868,568
SNF - Moderate	85,267	4,232,012
SNF - Heavy	25,664	1,456,324
SNF - Heavy Special	54,745	3,347,498
ICF - MR	602,981	81,420,441
Adjustments/Credits	--	(159,682)
TOTAL DAYS	5,967,054	358,422,444
Medicare Coinsurance Days	5,077	291,309
Ancillary Services	3,266,579	12,570,078
Patient Resources/Collections	205,648	($72,036,244)

* Figures indicated are those as billed by providers and do not reflect adjustments based on review by the Department.

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TABLE 20. HOSPITAL PROGRAM: OUTPATIENT SERVICES AND PAYMENTS
FISCAL YEAR 1987

TYPE OF SERVICE	SERVICES	PAYMENTS
TOTAL	2,837,540	$70,818,047
Clinic Visits	275,131	11,094,534
Emergency Room Visits	230,849	11,939,018
Operating/Recovery Room	185,392	5,187,453
Anesthesia	117,196	786,098
Delivery Room	6,969	732,522
Radiology	176,341	9,686,664
Laboratory	941,885	11,694,006
EKG, EEG, etc.	32,625	1,545,013
Pharmacy	235,398	1,439,173
Blood/Transfusions	11,003	405,663
Supplies	268,884	2,538,081
Physical/Occupational Therapy	82,846	1,886,190
Other Covered Services	154,638	7,838,850
Psych. Day Care	9,041	656,291
Outpatient Deductible	16,075	626,630
Outpatient Coinsurance	80,637	2,925,212
Collections	2,630	($163,351)

Figures indicated are those as billed by providers and do not reflect collections and refunds received. Credits are reflected in net payments to providers.

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TABLE 21. PHYSICIAN PROGRAM; OFFICE, HOME AND NURSING FACILITY SERVICES AND PAYMENTS: FISCAL YEAR 1987

TYPE OF SERVICE	SERVICES	PAYMENTS
Total	1,849,428	$36,232,367
Total Visits	765,157	15,221,202
Office	756,423	
Home	609	
Nursing Facility	8,125	
EPSDT Screens	39,651	1,400,687
Consultations	7,836	247,548
Refractions	5,974	126,900
Laboratory	226,321	1,309,464
X-Ray	36,745	844,386
EEG, EKG	12,583	194,543
Drugs Dispensed	46,323	341,848
Clinics	392,005	11,787,638
Diagnostic and Other Specified Services	137,943	2,421,026
Medicare Deductible	33,106	900,128
Medicare Coinsurance	145,784	1,436,997

Payments to Freestanding and Contract Clinics

Type of Clinic	SERVICES	PAYMENTS
Total Clinics	392,005	$11,787,638
Childen and Youth	37,454	1,273,100
Drug Abuse	55,562	1,664,515
Family Planning	18,213	763,967
Local Health	44,921	706,081
Mental Health Outpatient	86,276	2,733,097
Mental Health Rehabilitation	129,547	4,103,844
Other	20,032	543,034

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TABLE 22. PHYSICIAN IN HOSPITAL PROGRAM: SERVICES AND PAYMENTS: FISCAL YEAR 1987

TYPE OF SERVICE	SERVICES				PAYMENTS			
	Total	Inpatient	Outpatient	Emergency Room	Total	Inpatient	Outpatient	Emergency Room
Total	1,038,713	615,865	269,007	153,841	$31,911,692	24,181,022	6,250,457	1,480,213
Attending Physician	360,277	228,448	12,988	118,841	4,000,852	2,820,439	55,613	1,124,800
Surgery	74,577	45,137	24,393	5,047	13,365,986	11,381,737	1,874,152	110,097
Anesthesiology	23,627	17,553	6,047	27	2,225,884	1,908,668	316,438	778
Consultation	38,418	34,820	3,329	269	811,612	757,300	49,614	4,698
Radiology	235,267	99,202	110,016	26,049	3,329,124	1,494,438	1,647,486	187,200
Pathology	33,345	15,058	18,046	241	386,754	209,343	175,502	1,909
Other Specified Services	141,398	96,029	42,002	3,367	2,812,971	2,018,062	744,178	50,731
Medicare Deductible	7,609	3,434	4,175	0	238,354	128,460	109,894	0
Medicare Coinsurance	124,195	76,184	48,011	0	4,740,155	3,462,575	1,277,580	0

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MEDICAL ASSISTANCE PROGRAM

TABLE 23. PHARMACY PROGRAM: SERVICES AND PAYMENTS: FISCAL YEAR 1987

	Number of Invoices	Payments[1]	Average Payment Per Invoice
Total	3,250,190	$52,411,016	$16.13
Invoices reimbursed on Usual and Customary basis	1,022,264	15,870,427	15.52
Invoices reimbursed on allowable cost plus professional fee basis	2,227,926	36,540,589	16.40
Legend Drugs	2,154,390	35,333,544	16.40
Over-the-Counter Drugs	73,536	1,207,045	16.41

[1] Does not include $.50 copayment made by recipients in state-only categories for each prescription filled except for EPSDT related and family planning prescriptions.

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TABLE 24. SPECIAL SERVICES PROGRAM: SERVICES AND PAYMENTS
FISCAL YEAR 1987

TYPE OF SERVICE	NUMBER OF SERVICES	PAYMENTS
TOTAL SPECIAL SERVICES	899,756	$10,887,555
OPTOMETRIST-OPTICIAN SERVICES	304,014	$2,647,928
Diagnostic Services	100,057	997,750
Dispensing Services	43,649	609,973
Fabrication Services	159,256	1,023,403
Deductible and Coinsurance	1,052	16,802
AMBULANCE	55,787	$965,010
One Way Trips	9,346	465,315
Additional Miles	23,208	23,450
Other Services	669	-12,096
Medicare Deductible and Coinsurance	22,564	488,341
VAN	17,782	$349,380
One Way Trips	13,122	335,074
Additional Miles	3,391	2,462
Other Services	1,269	11,844
PODIATRY	33,771	$467,593
Visits	1,505	13,083
Bone Joint Surgery	2,590	165,424
X-Ray & Laboratory	1,829	19,071
Other Procedures	8,073	75,803
Medicare Deductible and Coinsurance	19,774	194,212
MEDICAL LABORATORY SERVICES	275,400	$2,794,069
X-Ray & Laboratory	266,832	2,642,400
Medicare Deductible and Coinsurance	8,568	151,629
DURABLE MEDICAL EQUIPMENT	207,254	$3,589,153
DME and Supplies	182,602	2,606,317
Medicare Deductible and Coinsurance	24,652	982,836
HEARING AIDS	1,632	$50,599

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TABLE 24. SPECIAL SERVICES PROGRAM: SERVICES AND PAYMENTS
FISCAL YEAR 1986 (continued)

TYPE OF SERVICE	NUMBER OF SERVICES	PAYMENTS
PHYSICAL THERAPY	3,939	$39,506
Physical Therapy Services	3,857	36,459
Medicare Deductible and Coinsurance	82	3,047
COLLECTIONS	177	($15,683)

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TABLE 25. HOSPITAL INPATIENT PROGRAM: SERVICES AND PAYMENTS BY HOSPITAL: FISCAL YEAR 1987

LOCATION AND NAME OF HOSPITAL	SERVICES		PAYMENTS	
	Discharges	Days	Total	Per Diem
GRAND TOTAL	88,930	733,011	$308,553,255	$420.94
GENERAL HOSPITALS	85,804	456,851	247,958,578	542.76
CHRONIC HOSPITALS	620	55,351	9,374,109	169.36
SPECIALTY HOSPITALS	1,711	58,065	24,456,425	419.82
STATE CHRONIC HOSPITALS	505	48,296	9,665,010	200.12
STATE MENTAL HOSPITALS	290	114,448	17,269,621	150.89
CREDITS/ADJUSTMENTS	---	---	(170,488)	---
GENERAL HOSPITALS	85,804	456,851	$247,958,578	$542.76
Baltimore City	48,462	271,523	$163,207,320	$601.08
Bon Secours	1,768	11,767	5,983,642	508.51
Church Hospital	1,160	7,032	4,400,633	625.80
Good Samaritan	179	1,147	586,091	510.97
Johns Hopkins	9,604	53,282	33,975,915	637.66
Francis Scott Key Medical Center	3,826	23,138	12,595,517	544.36
Liberty Medical Center	1,271	9,892	4,382,746	443.05
Lutheran	397	2,981	1,829,606	613.75
Maryland General	3,467	16,277	10,135,068	622.66
Mercy Hospital	2,730	14,627	8,729,610	596.81
North Charles General	1,600	10,991	5,179,320	471.23
Provident	824	5,030	1,990,436	395.71
St. Agnes	2,805	13,858	7,300,622	526.81
Sinai	3,732	18,688	10,310,917	551.73
South Baltimore General	2,955	12,612	5,713,599	453.02
Union Memorial	3,167	13,045	7,778,855	596.30
University of Maryland	8,569	53,997	41,203,722	763.07
Wyman Park Health System	408	3,159	1,111,021	351.70
Counties	34,072	166,511	$71,014,862	$426.49
Anne Arundel General	788	3,965	1,822,885	459.74
Baltimore County General	267	1,806	1,020,425	565.02
Calvert Memorial	828	4,503	1,738,159	386.00
Carroll County General	314	1,227	553,062	450.74
Doctors' Hospital of P.G. County	426	2,630	1,199,908	456.24
Dorchester General, Cambridge	640	2,613	1,089,909	417.11
Edward McCready Memorial	174	637	283,092	444.41
Eugene Leland Memorial	535	4,908	1,532,235	312.19
Fallston General	691	4,881	1,730,918	354.62

TABLE 25. HOSPITAL INPATIENT PROGRAM: SERVICES AND PAYMENTS BY HOSPITAL: FISCAL YEAR 1987 (Continued)

LOCATION AND NAME OF HOSPITAL	SERVICES		PAYMENTS	
	Discharges	Days	Total	Per Diem
Counties (continued)				
Franklin Square	2,505	12,022	5,054,679	420.45
Frederick Memorial	787	2,881	1,119,013	388.41
Frostburg Community (Miner's)	112	631	267,740	424.31
Garrett County Memorial	575	2,148	867,037	403.64
Greater Baltimore Medical Center	1,556	7,749	3,436,343	443.45
Greater Laurel, Beltsville	353	2,304	974,669	423.03
Harford Memorial	1,016	3,382	1,457,348	430.91
Holy Cross	1,036	4,875	2,193,298	449.90
Howard County General	483	3,050	1,304,731	427.78
Kent & Queen Anne's General	571	2,147	873,048	406.63
Memorial, Cumberland	1,032	4.240	1,775,749	418.80
Memorial Hospital at Easton	1,450	5,681	2,097,328	369.18
Montgomery General	942	5,688	2,346,999	412.62
North Arundel	974	4,983	1,968,147	394.97
Parkwood	26	140	70,307	482.38
Peninsula General	2,131	9,543	3,517,397	368.58
Physicians' Memorial	968	3,328	1,467,135	440.84
Prince George's General	4,226	21,891	10,543,345	481.63
Sacred Heart	1,199	5,063	1,779,567	351.48
St. Joseph's	683	3,554	1,756,221	494.15
St. Mary's	721	2,792	1,115,687	399.60
Shady Grove Adventist	963	4,346	2,211,480	508.85
Southern Maryland	1,252	6,957	3,299,745	474.30
Suburban	450	3,249	1,643,094	505.72
Union of Cecil	1,034	3,897	1,486,473	381.44
Washington County	1,319	5,288	2,386,030	451.21
Washington Adventist	1,045	7,512	3,031,659	403.57
Washington D. C.	2,784	15,193	$11,214,536	$738.14
Capitol Hill	15	150	91,786	611.90
Columbia	78	343	150,496	438.76
D. C. General	65	331	153,417	463.49
George Washington	104	783	673,404	860.03
Georgetown University	291	1,756	1,342,814	764.70
Greater Southeast Community	1,204	5,482	3,551,736	647.89
Hadley Memorial	67	329	177,934	540.83
Howard University	121	695	473,137	680.77
National Rehabilitation	--	540	329,580	610.33
Providence	232	854	531,761	622.67
Sibley Memorial	57	429	211,872	493.87
Washington Hospital Center	550	3,501	3,526,599	1,007.31

TABLE 25. HOSPITAL INPATIENT PROGRAM: SERVICES AND PAYMENTS BY HOSPITAL: FISCAL YEAR 1987 (Continued)

LOCATION AND NAME OF HOSPITAL	SERVICES		PAYMENTS	
	Discharges	Days	Total	Per Diem
Other Out of State	486	3,624	$2,520,818	$695.59
Kidney Disease Program	--	--	$1,042	--
CHRONIC HOSPITALS	620	55,351	$9,374,109	$169.36
Children's Hospital (Chronic)	14	879	160,725	182.84
Good Samaritan Hospital (Special)	119	2,453	996,684	406.31
John L. Deaton (Chronic)	382	32,504	4,905,237	150.91
Francis Scott Key (Chronic)	--	--	(61,588)	--
Levindale Hospital (Chronic)	60	6,032	1,414,544	234.50
Mason F. Lord Hospital (Chronic)	43	10,074	1,574,215	156.26
Prince George's Hospital (Chronic)	--	2,935	351,422	119.73
Keswick Home (Chronic)	2	474	32,870	69.34
SPECIALTY FACILITIES	1,711	58,065	24,456,425	421.19
Brook Lane Psych Center	2	169	33,901	200.59
Bryn Mawr Rehab Hospital	27	1,179	261,083	221.44
Childrens Hospital	97	575	318,219	553.42
Children's Hospital of D.C.	761	6,512	6,806,859	1,045.27
Elizabethtown Hosp. Rehab Center	3	487	148,313	304.54
Good Shepherd Center	21	4,586	322,058	70.22
Hospital for Sick Children - DC	34	7,187	2,530,627	352.11
James Kernan	124	783	424,620	542.29
John F. Kennedy Institute	216	6,326	3,598,958	568.91
Johns Hopkins Oncology Ctr.	127	929	1,031,534	1,110.36
Lake Erie Inst. Rehab.	9	2,991	820,815	274.42
Mt. Washington Pediatric Hosp.	137	21,725	7,360,971	338.82
National Orthopedic - DC	3	59	17,873	302.93
Reading Rehab Hospital	7	575	177,986	309.55
Rehab. Hospital Spec. Services-York	2	80	30,096	376.20
Sinai - Special	--	163	79,764	489.35
Villa Maria	141	3,739	491,828	131.54
Woodrow Wilson Rehab. Ctr.--	--	--	920	--
STATE CHRONIC HOSPITALS	505	48,296	$9,665,010	200.12
Deers Head	139	16,176	2,875,917	177.78
Montebello	254	13,656	4,232,527	309.93
Western Maryland	112	18,464	2,556,566	138.46

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TABLE 25. HOSPITAL INPATIENT PROGRAM: SERVICES AND PAYMENTS BY HOSPITAL: FISCAL YEAR 1987 (Continued)

LOCATION AND NAME OF HOSPITAL	SERVICES		PAYMENTS	
	Discharges	Days	Total	Per Diem
STATE MENTAL HOSPITALS	290	114,448	$17,269,621	$150.89
Carter Inpatient Psych	9	4,378	715,272	163.37
Crownsville	55	22,274	4,187,541	188.00
Eastern Shore Hospital Center	63	15,400	2,757,470	179.05
Highland Health	6	237	51,894	218.96
Spring Grove	26	6,789	959,401	141.31
Spring Field	78	58,133	7,422,105	127.67
Thomas B. Finan Center	39	5,907	944,131	159.83
Upper Shore	8	858	143,137	166.82
Walter P. Carter Center A	6	472	88,670	187.85
MEDICARE-DEDUCTIBLE AND COINSURANCE*			10,303,910	
DIRECT THIRD PARTY RECOVERIES*			(6,842,463)	

[1]Note that newborn expenses are now billed separtely from the mother. This change, which began in FY 86, has led to an increase in discharges over prior years when different billing procedures were in effect.

[2]Includes private psychiatric inpatient facilities for individuals under 22.

*Included in individual entries and subtotals.

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TABLE 26. NURSING FACILITY PROGRAM: SERVICES AND PAYMENTS
BY FACILITY: FISCAL YEAR 1987

LOCATION AND NAME OF FACILITY	NUMBER OF FACILITIES	DAYS	NET PAYMENTS
GRAND TOTAL - ALL FACILITIES	202	5,967,054	$299,247,587
TOTAL - ICF-MR FACILITIES	8	602,981	78,197,661
TOTAL - NURSING FACILITIES	194	5,364,073	$221,060,227
Baltimore City	46	1,494,117	$66,856,557
Ardleigh Nursing Home		10,955	457,536
Ashburton Nursing Home		12,768	563,887
Belair Convalesarium		66,834	2,537,634
Caton Manor Nursing Center		52,121	1,955,095
Century Home		24,047	986,401
Crawford Retreat		6,605	266,807
Deaton Medical Center Nursing Home		46,911	3,597,585
Deaton Hospital Medical Center South		7,152	393,656
Dukeland Nursing Home -Queen Manor		36,417	1,556,591
MD Health Care Association - Edgewood		18,361	744,267
Franklin Court Nursing Center		111,970	4,498,087
Federal Hill Nursing Center		35,187	1,432,047
Friedlers Guest House		11,040	439,964
Garden Village		32,543	1,307,545
Garrison Nursing Home		7,176	301,949
Granada Nursing Home		38,260	1,585,407
Greater Pennsylvania Avenue Nursing Center		9,272	357,007
Greenwood Acres Nursing Home		7,631	390,812
Hamilton Nursing Center		19,726	755,527
Harford Gardens Convalescent Center		18,200	753,265
Haven Nursing Home		7,540	342,421
Hayes Care Home		4,478	205,492
Jenkins Memorial		29,665	1,083,867
Kenesaw Nursing Home		9,730	399,583
Kenson Nursing Home		11,567	558,947
Keswick Home		23,817	1,291,880
Key Circle Hospice		30,488	1,154,744
Lafayette Square Nursing Center		89,801	3,951,163
Lake Drive Nursing Home		10,505	477,197
Levindale Home		77,405	5,190,635
Lincoln Convalescent Center		79,654	3,620,926
Long Green Nursing Center		16,347	541,810

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TABLE 26. NURSING FACILITY PROGRAM: SERVICES AND PAYMENTS BY FACILITY: FISCAL YEAR 1987 (Continued)

LOCATION AND NAME OF FACILITY	NUMBER OF FACILITIES	NUMBER OF DAYS	NET PAYMENTS
Baltimore City (Continued)			
Maryland Rehabilitation Center		2,047	42,971
Mason F. Lord Nursing Facility		56,413	3,460,395
Maryland Baptist Aged Home		11,540	504,612
Melchor Nursing Home		15,791	662,432
Mt. Vernon Care Center		46,106	1,909,240
Mt. Sinai Nursing Home		20,076	819,754
Northwest Nursing Center		31,407	1,365,488
Park Manor Nursing Home		17,123	762,571
Pimlico Manor		62,655	2,476,128
Pleasant Manor Nursing Home		40,764	1,550,280
Poplar Manor Nursing Home		50,181	2,115,498
Seton Hill Manor		110,528	4,363,398
Villa St. Michael		54,224	2,659,647
Allegany County	6	171,364	$6,552,364
Allegany County Nursing Home		51,049	1,941,826
Cumberland Villa Nursing Center		26,017	836,025
Egle Nursing Home		6,999	299,365
Frostburg Villa Nursing Home of Allegany County		46,712	1,597,591
Lions Manor Nursing Home		23,826	944,731
Morgan Manor		16,761	932,826
Anne Arundel County	11	258,541	$9,909,915
Annapolis Convalescent Center		14,658	543,484
Arundel Geriatrics Nursing Center		27,942	1,131,279
Bay Manor Nursing Home		25,397	1,036,654
Crofton Convalescent Center		25,339	1,044,501
Fairfield Nursing Center		30,141	1,122,067
Enterprise Knollwood		10,886	422,466
Hammonds Lane Nursing Center		22,269	773,597
Knollwood Manor		16,238	648,878
Maryland Manor of Glen Burnie		31,980	1,113,850
Meridian Nursing Center - Severna Park		16,037	558,249
North Arundel Nursing and Convalescent Center		21,753	860,015
Pleasant Living Convalescent Center		15,901	654,879

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
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TABLE 26. NURSING FACILITY PROGRAM: SERVICES AND PAYMENTS BY FACILITY: FISCAL YEAR 1987 (Continued)

LOCATION AND NAME OF FACILITY	NUMBER OF FACILITIES	DAYS	NET PAYMENTS
Baltimore County	37	1,007,255	$38,919,655
Armacost Nursing Home		13,070	600,088
Augsburg Lutheran Home		22,273	738,004
Bent Nursing Home		16,246	690,663
Breightonwood		6,766	263,569
Chapel Hill Convalescent Home		19,156	729,773
Dulaney Towson Nursing Home		28,175	1,067,456
Eastpoint Nursing Home		40,153	1,566,427
Forest Haven Nursing Home		59,891	1,957,772
Frederick Villa Nursing Center		16,602	546,156
Garrison Valley Center		25,671	1,053,337
Heritage Nursing Center		40,827	1,456,856
Holly Hill Manor		3,993	151,180
Hurwitz House		6,183	232,818
Inglenook Nursing Home		27,004	1,076,168
Ivy Hall Nursing & Convalescent Home		17,052	893,041
Jewish Convalescent & Nursing Home		44,848	1,860,997
Katherine Robb Nursing Home		4,470	158,228
Little Sisters of the Poor		21,367	847,405
Manor Care - Rossville		41,380	1,500,228
Manor Care - Ruxton		24,979	860,225
Manor Care - Towson		16,579	607,855
MD Health Care Association - T/A Perring Pkwy.		29,849	1,364,363
Meridian Health Care - Catonsville		31,471	1,085,136
Milford Manor Nursing Home		17,317	687,839
Old Court Nursing Home		41,977	1,673,522
Pickersgill		13,625	455,333
Pikesville Convalescent Home		37,726	1,520,831
Meridian Nursing Center - Randallstown		57,674	2,073,860
Ridgeway Manor		15,825	707,899
Riverview Nursing Centre		75,376	3,082,497
St. Joseph's Nursing Home		11,121	463,235
St. Luke Lutheran Home		7,214	273,468
Stella Maris Hospice		79,419	2,970,075
Summit Nursing Home		10,941	433,932
Towson Convalescent Center		5,490	240,819
Valley Nursing & Convalescent Center		47,646	1,917,741
Meridian Nursing Center Valley		27,899	1,110,147

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
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TABLE 26. NURSING FACILITY PROGRAM: SERVICES AND PAYMENTS BY FACILITY: FISCAL YEAR 1987 (Continued)

LOCATION AND NAME OF FACILITY	NUMBER OF FACILITIES	DAYS	NET PAYMENTS
Calvert County	2	35,298	$1,468,247
Calvert County Nursing Center		21,937	936,694
Calvert House		13,361	531,553
Caroline County	2	50,028	$2,046,517
Caroline Nursing Home		16,661	659,620
Wesleyan Health Care Center		33,367	1,386,897
Carroll County	6	111,943	$4,332,539
Carroll Lutheran Villa Home Care Center		10,683	385,982
Golden Age Guest Home		4,404	193,939
Long View Nursing Home		9,966	412,873
Pleasant View Nursing Home #2		34,064	1,293,119
Sykesville Eldercare Center		22,181	930,347
Westminster Villa Nursing Center		130,645	1,116,279
Cecil County	3	59,031	$2,412,738
Calvert Manor Nursing Home		11,497	463,129
Devine Haven Convalescent Home		12,303	538,062
Laurelwood Nursing Center		35,231	1,411,547
Charles County	2	68,363	$2,906,779
Charles County Nursing Home		23,371	1,096,258
Meridian Nursing Center - La Plata		44,992	1,810,521
Dorchester County	2	55,672	$2,296,109
Cambridge House		46,208	1,902,089
Glasgow Nursing Home		9,464	394,020
Frederick County	5	99,516	$3,664,532
Citizens Nursing Home of Frederick County		46,103	1,754,461
Frederick Nursing Center		20,880	659,679
Homewood Retirement Center		5,740	177,365
Vindabona Nursing Home		18,450	752,227

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 26. NURSING FACILITY PROGRAM: SERVICES AND PAYMENTS BY FACILITY: FISCAL YEAR 1987 (Continued)

LOCATION AND NAME OF FACILITY	NUMBER OF FACILITIES	DAYS	NET PAYMENTS
Garrett County	3	91,560	$3,540,564
Cuppett & Weeks Nursing Home		42,882	1,620,233
Dennett Road Manor		30,722	1,298,751
Goodwill Mennonite Home		17,956	621,580
Harford County	3	99,176	$4,097,606
Belair Convalescent Center		29,023	1,139,360
Brevin Nursing Home		14,189	640,009
Citizens Nursing Home		55,964	2,318,237
Howard County	2	62,378	$2,525,485
Bon Secours Ext. Care Facility		6,217	287,869
Lorien Nursing & Convalescent Home		56,161	2,237,616
Kent County	1	11,552	$453,802
Magnolia Hall		11,552	453,802
Montgomery County	19	535,396	$22,771,694
Bel Pre Health Care Center		11,784	459,850
Brooke Grove Nursing Home		8,334	310,009
Circle Manor Nursing Home		27,423	1,314,344
Collingswood Nursing Center		19,617	752,239
Colonial Villa Nursing Home		11,812	529,094
Fairland Nursing Home		9,343	422,770
Friends House Nursing Home		4,956	167,480
Grosvener Health Care Center		44,558	2,014,809
Hebrew Home of Greater Washington		125,003	5,529,746
Heritage Health Care Center		11,997	485,266
Herman M. Wilson Health Care Center		63,292	2,536,794
Kensington Nursing Center		38,722	1,689,318
National Lutheran Home for Aged		52,800	2,085,162
Potomac Valley Nursing Center		19,764	848,459
Randolph Hills Nursing Home		13,674	572,984
Rockville Nursing Home		9,456	381,286
Sharon Nursing Home		3,528	129,845

TABLE 26. NURSING FACILITY PROGRAM: SERVICES AND PAYMENT BY FACILITY: FISCAL YEAR 1987 (Continued)

LOCATION AND NAME OF FACILITY	NUMBER OF FACILITIES	DAYS	NET PAYMENTS
Montgomery County (Continued)			
Sylvan Manor Health Care Center		23,905	969,393
University Nursing Home		35,428	1,572,846
Prince George's County	16	401,234	$17,810,535
Carroll Manor		33,866	1,407,674
Clinton Convalescent Center		61,476	2,717,870
Fort Washington Rehab. Center		29,225	1,455,300
Gladys Spellman (P.G. Nursing Center)		22,777	1,526,979
Greenbelt Nursing Home		22,974	820,419
Greater Laurel Nursing Home		33,247	1,436,713
Hillhaven Nursing Home		1,002	41,303
Hyattsville Manor		56,646	2,187,535
Madison Manor Nursing Home		8,603	362,518
Magnolia Gardens Nursing Home		24,513	917,988
Manor Care - Largo		19,680	772,760
Pine View Manor		15,548	1,106,926
Presidential Woods Health Center		64,990	2,775,714
Regency Nursing Center		--	358
Sacred Heart Home		6,867	238,768
Suitland Nursing Home		--	1,710
Queen Anne's County	1	52,335	$1,928,921
Corsica Hills Nursing Center		52,335	1,928,921
St. Mary's County	2	70,133	$2,612,998
Amber House		35,117	1,556,014
St. Mary's Nursing Home		14,826	645,745
Charlotte Hall Vet Home		20,190	411,238
Somerset County	2	45,276	$2,048,982
Alice Byrd Tawes Nursing Home		20,403	956,845
Manokin Manor		24,873	1,092,137
Talbot County	3	58,935	$2,038,615
Memorial Hospital at Easton		6,817	338,182
The Pines		46,824	1,519,942
William Hill Manor		5,294	180,491

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 26. NURSING FACILITY PROGRAM: SERVICE AND PAYMENT BY FACILITY: FISCAL YEAR 1987 (Continued)

LOCATION AND NAME OF FACILITY	FACILITIES	NUMBER OF DAYS	NET PAYMENTS
Washington County	10	232,119	$8,449,341
Avalon Manor		59,124	2,338,529
Clearview Nursing Home, Inc.		2,763	109,529
Coffman Home for the Aging		14,801	593,660
Colton Villa Nursing Center		42,686	1,370,371
Fahrney Keedy Memorial Home for the Aged		14,879	548,338
Garlock Memorial Convalescent Center		10,817	450,049
Homewood Retirement Center		9,773	368,920
Ravenwood Lutheran Village Nursing Home		18,912	652,219
Reeder Memorial Home		37,821	1,296,038
Williamsport Nursing Home		20,543	721,691
Wicomico County	3	139,147	$5,388,907
Riverwalk Manor		49,160	2,067,219
Salisbury Nursing Home		70,948	2,493,219
Wicomico Nursing Home		19,039	828,469
Worcester County	3	62,643	$2,485,952
Berlin Nursing Home		36,429	1,390,533
Harrison Hall		14,583	570,172
Hartley Hall		11,631	525,247
Out Of State	4	33,511	$1,175,169
Brandywine Convalescent Home		1,900	64,324
Harrison House of Delmar		24,783	853,143
Seaford Health Care Center		6,343	230,140
Washington Home for Incurables		485	27,562
STATE FACILITIES	3	58,150	$2,365,784
Deer's Head Nursing Center		3,946	184,709
Tawes/Bland Bryant Nursing Center		39,424	1,553,864
Western Maryland Center		14,780	627,211

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TABLE 26. NURSING FACILITY PROGRAM: SERVICE AND PAYMENT BY FACILITY: FISCAL YEAR 1987 (Continued)

LOCATION AND NAME OF FACILITY	FACILITIES	NUMBER OF DAYS	NET PAYMENTS
STATE FACILITIES (ICF-MR)	8	602,981	$78,197,661
Joseph D. Brandenburg Center		18,766	2,688,846
Walter P. Carter Center		2,882	708,347
Great Oaks Center		149,733	14,399,602
Highland Health Facility		34,504	3,407,803
Holly Center		73,422	8,644,426
Potomac Center		44,298	6,011,269
Rosewood Center A		246,642	38,448,557
Victor Cullen Center		32,734	3,888,811
CREDITS			($10,301)

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
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TABLE 27. HOSPITAL OUTPATIENT PROGRAM: SERVICES AND PAYMENTS BY HOSPITAL: FISCAL YEAR 1987

LOCATION AND NAME OF HOSPITAL	NUMBER OF VISITS			PAYMENTS					
	Total	Outpatient Clinic	Emergency Room	Total	Outpatient Clinic Visits	Emergency Room Visits	Ancillary Services	Medicare Coinsurance	Collections
All Hospitals	505,980	275,131	230,849	$70,818,047	$11,870,793	$11,939,018	$43,619,883	$3,551,842	$-163,489
General Hospitals in Baltimore City	372,290	242,282	130,008	47,711,503	10,406,972	7,439,816	27,909,745	2,004,390	-49,420
Bon Secours	8,533	4,598	3,935	1,983,668	203,919	435,171	1,121,714	173,097	-233
Church	7,159	2,677	4,482	1,269,321	92,953	301,713	815,125	60,166	-638
Francis Scott Key	25,441	20,093	5,348	4,224,598	946,379	300,960	2,732,951	245,082	-774
Good Samaritan	1,262	1,257	5	425,131	39,508	373	229,119	156,131	0
Johns Hopkins	108,005	82,383	25,622	12,582,178	4,286,267	1,570,735	6,408,243	317,884	-951
Liberty Medical Center	16,107	12,764	3,343	1,275,120	424,683	212,717	606,029	31,732	-41
Lutheran	2,140	1,344	796	276,123	48,762	61,110	131,396	34,855	0
Maryland General	23,875	15,420	8,455	2,871,308	494,708	477,740	1,775,204	123,656	0
Mercy	5,784	162	5,622	2,172,080	5,846	310,810	1,762,284	100,662	-7,522
North Charles General	1,831	4	1,827	871,339	103	65,571	723,296	82,369	0
Provident	1,159	567	592	157,437	18,300	22,754	110,506	5,917	-40
St. Agnes	23,905	7,811	16,094	2,134,992	271,675	616,620	1,174,180	78,301	-5,734
Sinai	29,600	19,053	10,547	4,270,671	727,601	737,522	2,629,601	175,947	0
South Baltimore	23,427	11,807	11,620	2,148,320	422,146	425,286	1,258,019	44,577	-1,708
Union Memorial	25,352	17,495	7,857	2,728,120	645,801	285,587	1,730,425	66,487	-180
University of Maryland	65,373	42,486	22,887	7,955,056	1,734,054	1,519,509	4,433,256	299,710	-31,473
Wyman Park Health System	3,337	2,361	976	366,041	44,267	45,636	268,397	7,817	-76

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 27. HOSPITAL OUTPATIENT PROGRAM: SERVICES AND PAYMENTS BY HOSPITAL: FISCAL YEAR 1987 (Continued)

LOCATION AND NAME OF HOSPITAL	NUMBER OF VISITS			PAYMENTS					
	Total	Outpatient Clinic	Emergency Room	Total	Outpatient Clinic Visits	Emergency Room Visits	Ancillary Services	Medicare Coinsurance	Medicare Collections
Hospitals in Counties	113,903	24,375	89,528	17,315,376	947,367	3,792,422	11,448,890	1,231,640	-104,943
Anne Arundel General	3,248	0	3,248	429,020	0	112,782	287,077	30,232	-1,071
Baltimore County General	1,585	0	1,585	209,458	0	74,036	101,164	35,507	-1,249
Calvert Memorial	1,305	137	1,168	324,379	4,487	63,822	237,037	19,731	-698
Carroll County General	989	0	989	179,291	0	51,583	107,613	21,364	-1,269
Parkwood	312	0	312	34,352	0	11,436	21,595	1,321	0
Doctors Prince George's Co.	1,196	0	1,196	394,297	0	60,988	292,231	43,682	-2,604
Dorchester General, Cambridge	1,817	33	1,784	356,208	517	60,489	255,881	41,560	-2,239
Edward McCready Memorial	641	39	602	162,085	715	32,112	110,692	18,775	-209
Eugene Leland Memorial	1,378	1	1,377	235,650	28	58,383	160,105	17,523	-389
Fallston General	1,982	1,147	835	246,400	27,719	43,368	160,479	16,553	-1,719
Franklin Square	12,369	7,080	5,289	1,477,360	232,314	243,991	947,140	56,393	-2,478
Frederick Memorial	2,662	3	2,659	300,795	103	75,507	213,655	12,678	-1,148
Frostburg Community	1,413	120	1,293	173,396	4,732	69,222	87,868	12,954	-1,380
Garrett County Memorial	4,563	1	4,562	327,077	64	105,534	188,011	34,878	-1,410
Greater Balto. Med. Center	4,983	4,057	926	668,462	130,775	43,558	458,599	35,563	-33
Greater Laurel	413	0	413	118,100	0	14,421	99,458	4,231	0
Harford Memorial	1,891	305	1,586	493,321	53,548	146,578	266,065	32,800	-5,670
Holy Cross	4,189	1,835	2,354	618,512	62,419	132,203	389,123	35,324	-557
Howard County General	1,114	5	1,109	210,240	324	56,123	131,818	22,097	-122
Kent & Queen Anne's General	1,212	39	1,173	169,228	4,395	50,111	99,013	16,107	-398
Memorial, Cumberland	6,812	292	6,520	702,630	9,694	230,111	411,614	53,345	-2,134
Memorial Hospital at Easton	2,883	3	2,880	486,151	14	98,847	313,706	73,584	0
Montgomery County General	1,522	1	1,521	377,722	28	58,873	307,330	13,080	-1,589
North Arundel	3,245	0	3,245	414,551	0	120,298	275,089	20,385	-1,221
Peninsula General	7,081	0	7,081	1,342,117	0	313,413	960,295	114,164	-45,755
Physician's Memorial	3,008	0	3,008	607,932	0	170,283	402,893	36,752	-1,996
Prince George's General	14,264	7,928	6,336	1,503,209	379,967	289,513	800,354	33,375	0
Sacred Heart	3,357	100	3,257	500,472	3,185	97,995	367,547	39,000	-7,255

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 27. HOSPITAL OUTPATIENT PROGRAM: SERVICES AND PAYMENTS BY HOSPITAL: FISCAL YEAR 1987 (Continued)

LOCATION AND NAME OF HOSPITAL	NUMBER OF VISITS			PAYMENTS					
	Total	Outpatient Clinic	Emergency Room	Total	Outpatient Clinic Visits	Emergency Room Visits	Ancillary Services	Medicare Coinsurance	Collections
General Hospitals In Counties (continued)									
St. Joseph's	2,045	650	1,395	297,056	14,890	75,168	131,368	26,062	-432
St. Mary's	3,010	0	3,010	347,612	0	119,834	197,598	31,903	-1,723
Shady Grove Adventist	2,826	3	2,823	649,172	85	128,560	479,521	43,034	-2,028
Southern Maryland	1,757	0	1,757	525,654	0	146,169	341,178	40,974	-2,667
Suburban	660	32	628	216,295	733	26,329	150,995	39,117	-379
Union of Cecil	2,232	215	2,017	498,580	3,055	66,555	410,449	24,197	-5,676
Washington Adventist	2,255	1	2,254	719,437	46	154,509	514,430	53,061	-2,559
Washington County	7,634	348	7,336	999,095	13,530	189,718	719,899	80,334	-4,386
Hospitals in D.C.	7,339	1,544	5,795	1,607,152	79,573	383,808	1,094,285	49,315	-334
Greater Southeast	4,962	1	4,961	1,040,504	40	304,904	696,094	39,503	-42
Georgetown	99	0	99	146,469	0	9,325	129,791	7,145	-292
Hadley Memorial	889	377	512	115,476	9,677	38,464	65,671	1,664	0
Washington Hospital Ctr.	1,389	1,166	223	304,703	69,361	30,615	202,729	1,498	0
Other Out of State	4,805	1,091	3,714	2,189,584	772,166	174,353	982,539	261,037	-761
Specialty Facilities	7,643	5,839	1,804	2,774,175	440,969	151,756	2,184,571	4,910	-8,031
Children's D.C.	3,005	1,203	1,802	931,802	54,936	151,607	732,575	0	-7,316
Children's	255	255	0	84,756	5,338	0	75,546	4,120	-248
James Kernan	1,838	1,838	0	133,813	17,359	0	116,163	396	-105
J.F. Kennedy Institute	2,544	2,543	1	1,564,642	363,336	90	1,201,528	50	-362
Mt. Washington Pediatric	1	0	1	59,162	0	39	58,759	344	0
Recoveries/Credits				(-779,743)	(-776,259)	(-3,337)	(-147)		

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
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TABLE 28. PHYSICIAN PROGRAM: PAYMENTS AND NUMBER OF PROVIDER ACCOUNTS BY LOCATION OF PROVIDER AND PAYMENT GROUP: FISCAL YEAR 1987

	PAYMENTS		PROVIDER ACCOUNTS[1]		NUMBER OF PROVIDER ACCOUNTS IN PAYMENT GROUP						
LOCATION OF PROVIDER	Amount	Percent of Total	Number	Percent of Total	Under $100	$100-$999	$1,000-$4,999	$5,000-$9,999	$10,000-$19,999	$20,000-$29,999	$30,000-And Over
Grand Total	$67,997,323	100.0	7,090	100.0	1,332	1,720	1,968	816	568	222	475
Baltimore City	29,349,482	43.2	1,554	21.9	271	301	404	177	13	75	196
Total Counties	36,532,425	53.7	4,491	63.3	651	1,015	1,388	613	418	143	263
Allegany	1,685,389	2.5	146	2.1	15	21	38	31	23	7	11
Anne Arundel	2,264,440	3.3	403	5.7	49	89	160	51	30	10	14
Baltimore	8,850,047	13.0	924	13.0	153	259	231	111	80	25	65
Calvert	810,991	1.2	53	.7	5	6	13	12	8	2	7
Caroline	126,430	.2	14	.2	--	4	4	2	1	2	1
Carroll	584,192	.9	100	1.4	14	31	36	6	8	2	3
Cecil	548,978	.8	49	.7	6	11	9	8	6	3	6
Charles	895,419	1.4	64	.9	5	12	12	13	9	4	9
Dorchester	489,069	.7	45	.6	6	6	9	7	9	5	3
Frederick	835,997	1.2	131	1.8	18	23	48	19	17	2	4
Garrett	393,162	.6	24	.3	1	6	6	3	3	1	4
Harford	1,462,019	2.2	166	2.3	17	33	55	28	15	4	14
Howard	1,537,254	2.3	163	2.3	18	34	59	20	16	5	11
Kent	242,314	.4	39	.6	8	5	13	6	4	2	1
Montgomery	4,799,532	7.1	934	13.2	172	257	307	97	53	21	27
Prince George's	5,885,836	8.7	742	10.5	87	148	244	117	83	23	40
Queen Anne's	149,113	.2	13	.2	2	1	1	5	1	2	1
St. Mary's	764,166	1.1	57	.8	11	10	15	7	6	1	7
Somerset	305,222	.5	23	.3	4	3	4	4	3	1	4
Talbot	809,953	1.2	76	1.1	8	13	26	13	7	1	8
Washington	1,225,239	1.9	141	2.0	29	18	36	20	16	11	11
Wicomico	1,667,767	2.5	154	2.2	18	22	51	27	18	7	11
Worchester	199,896	.3	30	.4	5	3	11	6	2	2	1
Out of State	2,115,416	3.1	1,045	14.7	399	404	176	26	20	4	16

[1] Provider accounts include individual group physician accounts and contract clinic accounts

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TABLE 29. DENTAL PROGRAM: PAYMENTS AND NUMBER OF DENTAL ACCOUNTS BY PROVIDER LOCATION AND PAYMENT GROUP: FISCAL YEAR 1987

LOCATION OF PROVIDER	PAYMENTS		PARTICIPATING DENTISTS		NUMBER OF DENTISTS IN PAYMENT GROUP				
	Amount	Percent of Total	Number	Percent of Total	Under $1,000	$1,000 $4,999	$5,000 $9,999	$10,000 $19,999	$20,000 And Over
Grand Total	$4,172,880	100.0	1,267	100.0	712	329	128	57	41
Baltimore City	1,853,082	44.4	267	21.1	105	73	41	22	26
Total Counties	2,290,797	54.9	933	73.6	548	248	87	35	15
Allegany	129,837	3.1	32	2.5	10	9	9	4	--
Anne Arundel	239,918	5.7	112	8.8	74	27	6	2	3
Baltimore	481,170	11.5	187	14.8	110	52	12	8	5
Calvert	35,131	.8	13	1.0	6	3	4	--	--
Caroline	9,991	.2	4	.3	2	1	1	--	--
Carroll	31,649	.8	38	3.0	30	8	--	--	--
Cecil	48,142	1.2	18	1.4	8	7	2	1	--
Charles	48,483	1.2	18	1.4	10	3	4	1	--
Dorchester	43,014	1.0	11	.9	4	4	1	2	--
Frederick	42,233	1.0	31	2.4	21	9	--	1	--
Garrett	50,606	1.2	9	.7	2	5	1	--	1
Harford	124,437	3.0	47	3.7	29	10	6	1	1
Howard	37,435	1.0	41	3.2	30	9	2	--	--
Kent	16,547	.4	4	.3	--	3	1	--	--
Montgomery	228,351	5.5	129	10.2	89	25	9	6	--
Prince George's	331,637	7.9	145	11.4	83	39	17	5	1
Queen Anne's	8,713	.2	6	.5	3	3	--	--	--
St. Mary's	28,951	.7	15	1.2	5	10	--	--	--
Somerset	11,399	.3	2	.2	--	--	2	--	--
Talbot	76,144	1.8	7	.6	4	1	--	--	2
Washington	141,542	3.4	37	2.9	16	12	5	3	1
Wicomico	113,617	2.7	20	1.6	8	6	4	1	1
Worcester	11,850	.3	7	.6	4	2	1	--	--
Out-of-State	29,001	.7	67	5.3	59	8	--	--	--

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TABLE 30. HOME AND COMMUNITY HEALTH PROGRAMS: PAYMENTS BY RESIDENCE OF RECIPIENT AND TYPE OF SERVICE: FISCAL YEAR 1987

AREA OF RESIDENCE	TOTAL	TYPE OF SERVICE									
		Nursing Service	Home Health Aide	Physical Therapy	Speech Therapy	Occupational Therapy	Other Service	Medical Day Care	Personal Care	Waivers	Collections
Maryland State	$32,626,382	$2,657,019	$757,311	$418,039	$138,459	$151,124	$156,161	$5,523,677	$7,563,831	$15,399,093	-148,332
Baltimore City	12,925,586	1,440,914	303,707	175,268	60,741	86,940	150,300	1,996,702	4,216,376	4,549,605	-54,358
Total Counties	19,700,796	1,216,705	453,604	242,771	77,718	64,184	5,861	3,531,975	3,352,455	10,849,488	-93,974
Allegany	1,047,136	56,261	1,743	5,082	1,652	0	-13,399	299,845	322,787	375,600	-2,435
Anne Arundel	2,521,293	72,463	12,185	18,868	5,440	9,596	2,271	1,052,328	167,445	1,189,005	-8,308
Baltimore	2,552,015	122,656	55,694	28,362	9,521	11,485	19,085	250,462	411,157	1,656,039	-12,445
Calvert	206,787	18,758	2,976	13,747	3,623	2,930	1,327	28,851	43,649	91,345	-420
Caroline	147,414	17,072	1,494	3,793	0	0	825	0	75,438	48,860	-70
Carroll	1,119,073	10,415	630	8,072	0	216	-27,483	974	132,962	1,005,030	-11,743
Cecil	108,127	32,394	14,669	4,289	0	1,991	2,041	0	19,050	33,693	0
Charles	391,109	28,854	11,417	5,879	4,127	923	1,219	78,409	31,183	229,099	0
Dorchester	396,131	46,835	0	7,239	1,397	0	8,436	12,103	294,308	25,808	0
Frederick	505,956	16,366	13,361	9,062	3,037	1,752	297	317,857	63,591	82,709	-2,076
Garrett	438,825	41,392	4,066	2,937	0	0	935	36,882	155,840	200,956	-4,182
Harford	880,369	107,398	67,706	11,277	4,434	8,572	-13,383	59,626	88,284	549,710	-3,255
Howard	732,386	35,840	10,330	6,463	3,587	2,238	8,788	29,824	71,462	566,389	-3,036
Kent	55,200	4,184	350	784	0	0	470	850	4,159	44,404	0
Montgomery	1,842,864	169,671	47,634	34,120	12,611	14,591	5,721	385,223	66,770	1,107,187	-663
Prince George's	2,765,212	256,087	162,020	61,724	13,841	7,824	4,744	154,314	108,695	2,009,715	-13,751
Queen Anne's	272,548	7,778	1,008	4,241	428	0	77	117,163	1,204	140,649	0
St. Mary's	324,644	15,155	2,824	1,202	0	117	1,484	148,840	78,451	77,218	-648
Somerset	478,364	16,626	8,184	1,512	0	0	128	54,895	331,220	65,800	0
Talbot	181,667	26,157	320	3,570	0	276	1,305	0	72,815	77,224	0
Washington	1,618,130	41,433	2,854	7,975	14,019	1,119	-1,243	179,547	406,093	994,437	-28,183
Wicomico	945,577	44,592	17,053	1,876	0	476	1,015	323,977	322,257	237,088	-2,758
Worcester	169,969	28,319	15,089	696	0	0	1,200	0	83,644	41,021	0

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TABLE 31. SPECIAL SERVICES: PAYMENTS BY RESIDENCE OF RECIPIENT AND TYPE OF SERVICE: FISCAL YEAR 1987

AREA OF RESIDENCE	TOTAL	TYPE OF SERVICE									
		Optometrist-Optician Services	Ambulance Service	Van Service	Podiatry	Medical Laboratory Services	Medical Supplies	Hearing Aids	Physical Therapy	Medicare Deductible & Coinsurance[1]	Collections
Maryland State	$10,887,555	$2,647,928	$965,010	$349,380	$467,593	$2,794,070	$3,589,153	$50,599	$39,506	$1,836,868	-15,683
Baltimore City	6,309,207	1,621,974	586,321	240,599	272,451	1,777,206	1,775,060	22,857	16,374	855,856	-3,635
Total Counties	4,578,348	1,025,854	378,689	153,781	195,142	1,016,864	1,814,093	27,742	23,132	981,012	-12,047
Allegany	203,531	61,196	13,600	156	4,394	38,758	81,535	45	--	31,985	-148
Anne Arundel	551,744	101,797	51,946	7,062	26,315	141,609	216,857	2,619	3,692	116,397	-152
Baltimore	892,700	156,564	98,671	42,806	43,097	228,625	315,980	4,623	3,835	246,205	-901
Calvert	53,588	15,353	4,654	26	5,522	16,307	11,755	--	76	10,242	-103
Caroline	48,806	13,722	1,399	--	3,115	2,907	27,235	1,298	--	7,999	-869
Carroll	111,826	18,505	13,469	3,736	4,349	23,458	47,351	654	687	31,732	-382
Cecil	98,133	30,010	40,076	52	1,519	8,066	54,280	32	97	15,796	--
Charles	155,738	41,782	9,380	78	588	27,230	77,440	879	171	21,495	-1,810
Dorchester	78,144	27,436	8,186	95	4,820	5,330	28,901	53	2,736	25,348	-12
Frederick	120,978	21,841	8,572	260	6,713	30,501	52,310	42	815	26,316	-75
Garrett	63,641	27,802	1,250	--	-504	6,797	26,659	--	--	7,689	-5
Harford	180,059	43,996	19,295	182	6,922	34,852	70,307	1,763	2,783	41,479	-41
Howard	122,134	16,964	9,051	182	3,827	40,197	51,282	--	665	31,317	-35
Kent	29,040	9,386	3,584	--	458	2,254	12,885	--	528	4,119	--
Montgomery	473,987	82,908	35,281	12,850	37,789	143,796	154,615	3,519	4,746	113,564	-1,516
Prince George's	780,667	157,733	58,758	40,802	25,554	174,457	316,351	8,223	1,956	123,914	-3,148
Queen Anne's	42,898	12,375	2,958	135	1,196	9,719	16,301	--	172	7,153	-7
St. Mary's	106,748	20,731	6,164	104	3,715	19,017	58,988	550	--	19,976	-2,541
Somerset	62,801	21,116	3,797	--	4,699	10,251	22,907	32	--	17,442	--
Talbot	31,801	10,096	1,253	111	2,708	1,969	14,679	900	86	6,974	--
Washington	194,584	65,973	13,790	69	5,770	22,588	86,196	288	87	33,160	-176
Wicomico	122,952	47,734	5,787	26	-1,641	17,448	52,764	960	--	29,090	-125
Worcester	51,845	16,934	2,181	--	4,217	10,728	16,523	1,261	--	11,619	--

[1] Payments for Medicare deductibles and coinsurance are included in service payment totals. See Table 24 for itemized Medicare payments by service type.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 32. EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT PROGRAM: SERVICES AND PAYMENTS TO EPSDT PROVIDERS
FISCAL YEAR: 1987

County	Number of Screens	Payments
Maryland State	39,548	$1,684,564
Baltimore City	18,604	$785,807
Counties	20,944	$898,757
Allegany	1,235	$50,310
Anne Arundel	2,136	87,356
Baltimore	2,742	115,801
Calvert	424	19,085
Caroline	288	12,291
Carroll	421	18,287
Cecil	502	20,885
Charles	907	44,167
Dorchester	529	23,916
Frederick	639	24,514
Garrett	209	8,456
Harford	1,028	47,210
Howard	320	13,110
Kent	225	10,370
Montgomery	1,634	67,081
Prince George's	4,033	183,203
Queen Anne's	279	12,316
St. Mary's	760	39,379
Somerset	169	7,531
Talbot	266	11,523
Washington	773	30,834
Wicomico	1,208	43,333
Worcester	217	7,801

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 33. CHARACTERISTICS OF ALL PERSONS ENROLLED AT SOME TIME DURING THE YEAR TO RECEIVE MEDICAL CARE: FISCAL YEAR 1987

Total Medicaid Eligibles			468,600
Categorically Eligible - Basis of Whose Eligibility Was			380,395
- Age 65 or over		21,788	
- Blindness		420	
- Permanent and Total Disability		40,088	
- Dependent Children Under 21		191,305	
- Adults in Families w/ Dependent Children		90,794	
- Other (Essential Persons)		65	
- General Public Assistance		35,935	
Medically Indigent - Base of Whose Eligibility Was			88,205
- Age 65 or over		20,113	
- Blindness		18	
- Permanent & Total Disability		5,926	
- Total Dependent Children Under 21		24,085	
- Under 21 not in Family	6,046		
- Under 21 in Family	18,048		
- Adults in Families w/ Dependent Children		8,439	
- Other		29,625	
- Standard I	28,595		
- Subsidized Adoptions	1,030		

MEDICAID ELIGIBLES	
Age in Years - Total	468,600
Under 21	232,938
21 through 64	188,600
65 or Over	47,062
Sex - Total	468,600
Male	177,468
Female	291,132
Race - Total	468,600
White	185,440
Non-White	280,174
Unknown	2,986

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MARYLAND MEDICAL ASSISTANCE PROGRAM

TABLE 34. SUMMARY OF SELECTED PROGRAM DATA: FISCAL YEARS 1983-1987

	FISCAL YEAR				
	1987	1986	1985	1984	1983
Number of Recipients	393,683	398,721	380,664	380,833	386,623
Payments: All Services[1]	$846,714,045	$758,881,991	$598,171,941	$572,016,964	$515,836,886
Hospital Inpatient	281,618,626	268,628,325	218,610,636	$218,669,876	$2033,072,245
Nursing Facility Care	221,049,926	202,774,487	194,576,061	187,884,175	161,764,484
Hospital Outpatient Care	70,818,047	63,079,477	62,980,659	60,666,405	56,477,101
Physician Services	67,997,323	62,488,765	52,395,250	45,509,020	42,095,766
Pharmacy Services	52,411,016	48,484,624	43,901,856	37,869,459	33,153,476
Dental Services	4,172,880	4,744,469	5,359,316	5,330,982	5,854,505
Home and Community Health Services	32,626,382	17,997,765	10,154,321	6,973,754	4,702,493
Special Services	10,887,555	10,961,272	10,193,842	9,083,393	8,716,816
State Institutions	105,132,290	79,722,807	26,455,572	--	--
Average Number of Enrollees	341,529	341,256	338,975	341,622	351,109
Federally Matched Indigent	273,919	272,631	266,240	263,851	261,470
Federally Matched Medically Indigent	37,593	37,660	40,811	43,577	49,615
Non-Federally Matched	30,017	31,523	31,924	34,194	40,024
Average Payment Per Enrollee: All Services[1]	$2,479	$2,224	$1,765	$1,674	$1,469
Federally Matched Indigent	1,445	1,294	1,032	980	864
Federally Matched Medically Indigent	9,154	7,996	5,760	5,083	3,957
Non-Federally Matched	3,554	3,349	2,776	2,683	2,335
Hospital Inpatient Care	827	$787	$645	$640	$578
Nursing Facility Care	674	594	574	550	461
Hospital Outpatient Care	207	185	186	178	161
Physician Services	199	183	155	133	120
Pharmacy Services	153	142	130	111	94
Dental Services	12	14	16	16	17
Home and Community Health Services	96	53	30	20	13
Special Services	32	32	30	27	25
State Institutions	308	234	78	--	--

1 Does not include premiums paid for buy-in of Part B of Medicare; capitation payments for health maintenance organizations; or payments for general transportation services. Payments to State institutions are included in Fiscal Year 1986 and Fiscal Year 1987 totals.

MARYLAND MEDICAL ASSISTANCE PROGRAM

TABLE 34. SUMMARY OF SELECTED PROGRAM DATA: FISCAL YEARS 1983-1987 (Continued)

	FISCAL YEAR				
HOSPITAL INPATIENT SERVICES	1987	1986	1985	1984	1983
Number of recipients	94,603	90,552	65,679	65,226	67,451
Payments: Total	$308,553,255	$295,509,464	$218,610,636	$218,699,876	$203,072,245
General Hospitals					
Number of discharges	85,804	84,202	68,074	70,115	70,105
Number of days of care	456,851	464,453	398,197	442,683	460,933
Payments: Total	247,958,578	$238,217,379	$193,742,314	$198,822,499	$188,191,890
Inpatient care	238,515,239	230,577,078	186,418,697	193,152,299	183,115,004
Average per diem payment	522.09	512.90	485.24	436.32	397.27
Medicare deductible and coinsurance	9,443,339	7,640,301	7,323,617	5,670,200	5,076,886
Average number of days per discharge	5.32	5.74	5.85	6.31	6.57
Average number of days per enrollee	1.34	1.36	1.17	1.30	1.31
Special Hospitals					
Number of days of care	113,416	92,115	91,948	90,935	83,174
Payments: Total	$33,830,534	$30,583,195	$25,768,223	$22,017,840	$17,521,433
Inpatient care	33,610,335	30,344,986	25,550,880	21,883,480	17,426,100
Average per diem payment	296.35	332.01	280.25	240.65	207.29
Medicare deductible and coinsurance	220,199	238,209	217,343	134,360	95,333
Average number of days per enrollee	0.33	0.27	0.27	0.27	0.24

MARYLAND MEDICAL ASSISTANCE PROGRAM

TABLE 34. SUMMARY OF SELECTED PROGRAM DATA: FISCAL YEARS 1983-1987 (Continued)

	FISCAL YEAR				
	1987	1986	1985	1984	1983
State Chronic and Mental Hospitals					
Number of days of care	162,744	165,515	--	--	--
Payments: Total	$26,934,631	$26,881,139	--	--	--
Inpatient Care	26,294,259	25,778,693	--	--	--
Average per diem payment	161.57	162.41	--	--	--
Medicare deductible and coinsurance	640,372	1,102,446	--	--	--
Collections: Total	($170,488)	($172,249)	($889,901)	($2,140,463)	($2,641,078)
HOSPITAL OUTPATIENT PROGRAM					
Number of recipients	180,754	180,257	211,407	216,851	221,037
Number of emergency room (ER) and outpatient department (OPD) visits	505,980	545,493	653,359	682,361	685,228
Payments: Total	$70,818,047	$63,079,477	$62,980,659	$60,666,405	$56,477,101
Emergency room and outpatient department visits	$23,033,552	$24,675,412	$28,864,923	$28,359,815	$26,125,945
Ancillary services	44,232,652	35,251,622	$31,482,850	$29,092,715	$27,370,409
Average payment per visit	132.94	109.86	$92.36	$84.20	$78.07
Medicare deductible and coinsurance	$3,551,843	$3,152,443	$2,632,886	$3,213,875	$2,980,747
Average number of ER and OPD visits per enrollee	1.48	1.60	1.93	1.20	1.95
Average number of ER and OPD visits per recipient	2.80	3.03	3.09	3.15	3.10

MARYLAND MEDICAL ASSISTANCE PROGRAM

TABLE 34. SUMMARY OF SELECTED PROGRAM DATA: FISCAL YEARS 1983-1987 (Continued)

	FISCAL YEAR				
	1987	1986	1985	1984	1983
NURSING FACILITY PROGRAM					
Number of recipients of service	23,779	25,412	20,549	18,223	18,430
Number of days of care: Total	5,364,073	5,215,405	5,188,179	5,060,138	4,918,876
Nursing care	5,358,996	5,210,417	5,182,483	5,054,301	4,910,139
Medicare coinsurance	5,077	4,988	5,696	5,837	8,737
Payments: Total	$221,060,227	$202,774,487	$194,576,061	$187,884,075	$161,764,484
Nursing care	220,768,918	202,532,177	194,331,594	187,665,576	161,480,597
Medicare coinsurance	291,309	242,310	244,467	218,499	283,887
Average per diem payment					
Nursing care	41.20	38.87	37.50	37.13	32.89
Medicare coinsurance	57.38	48.58	42.92	37.43	32.49
Average number of days per enrollee					
Nursing Care	15.71	15.28	15.29	15.04	13.98
Medicare coinsurance	.01	.02	.02	.02	.02
ICF-MR Facilities					
Number of recipients of service	1,936	1,819	--	--	--
Number of days of care	602,981	524,839	--	--	--
Payments: Total	$78,197,661	$52,841,668	--	--	--
Average per diem payment	129.68	100.68	--	--	--

MARYLAND MEDICAL ASSISTANCE PROGRAM

TABLE 34. SUMMARY OF SELECTED PROGRAM DATA: FISCAL YEARS 1983-1987 (Continued)

	FISCAL YEAR				
	1987	1986	1985	1984	1983
PHYSICIAN SERVICES					
Number of recipients	277,826	295,062	301,038	292,536	300,978
Payments: Total	$67,997,323	$62,488,765	$52,395,250	$45,509,020	$42,095,766
Office, Home & Nursing Facility Services					
Number of recipients	--	--	242,148	237,593	240,144
Payments: Total	$36,232,367	$33,251,237	$26,776,684	$23,351,098	$21,155,636
Physician					
Number of Visits	765,157	889,824	824,095	770,650	801,482
Payments					
Visits	$15,221,202	$17,217,030	$14,927,403	$12,952,718	$13,219,309
Specified services	18,674,040	13,607,924	6,036,842	6,100,558	3,787,075
Medicare deductible and coinsurance	2,337,125	2,426,282	2,063,303	3,097,314	2,100,856
Number of visits per enrollee	2.24	2.61	2.43	2.25	2.28
Number of visits per recipient	--	--	3.40	3.24	3.34
Clinics					
Payments	$11,787,628	$8,632,292	$3,846,448	$2,251,728	$2,084,348
Collections	($146,736)	($156,720)	($97,312)	($51,220)	($35,952)
In Hospital Service					
Number of recipients	--	--	172,072	156,646	162,186
Payment: Total	$31,911,692	$29,394,248	$25,715,878	$22,157,922	$20,940,130
Inpatients	$24,181,022	$18,333,600	$16,467,883	$14,559,891	$13,818,927
Outpatients	6,250,457	4,642,485	3,559,907	2,669,982	2,671,566
Emergency room patients	1,480,213	1,838,277	1,647,484	1,224,374	1,146,329

MARYLAND MEDICAL ASSISTANCE PROGRAM

TABLE 34. SUMMARY OF SELECTED PROGRAM DATA: FISCAL YEARS 1983-1987 (Continued)

	FISCAL YEAR				
	1987	1986	1985	1984	1983
Medicare deductible and coinsurance	$4,740,155	$4,579,886	$4,040,604	$3,703,675	$3,338,831
Collections	(-0-)	(-0-)	(-0-)	(-0-)	($35,523)
DENTAL SERVICES					
Number of recipients	68,263	75,804	83,075	85,706	89,815
Payments: Total	$4,172,880	$4,774,469	$5,359,316	$5,330,982	$5,854,505
Diagnostic	848,396	718,415	789,697	753,151	841,866
Preventive	741,179	1,126,886	1,210,042	1,128,510	1,067,626
Restorative	969,307	975,989	1,264,139	1,315,645	1,563,599
Endo/Periodontic	202,321	218,141	314,570	344,010	442,353
Prosthodontic	44,874	59,651	65,924	92,468	104,252
Oral surgery	793,147	724,181	705,233	706,117	771,457
Other services	573,056	951,206	1,009,711	991,081	1,063,352
Number of Selected Services					
Prophylaxes	42,576	48,765	54,865	56,398	59,055
Floride treatments	37,197	42,198	47,488	48,734	50,522
Fillings	43,858	52,801	69,376	82,183	99,703
Extractions (routine)	39,734	44,367	43,539	43,809	54,433
Full upper or lower dentures	16	7	17	23	38
Partial Dentures	120	108	188	287	329
PHARMACY SERVICES					
Number of recipients	263,946	274,392	273,647	273,028	276,176
Number of invoices: Total	3,250,190	3,265,811	3,077,593	2,897,328	2,870,691
Payments: Total	$52,411,016	$48,484,624	$43,901,856	$37,869,459	$33,153,476
Average payment per invoice:	$16.13	$14.85	$14.26	$13.07	$11.55
Average number of invoices per enrollee	9.52	9.57	9.08	8.48	8.17
Average number of invoices per recipient	12.31	11.90	11.25	10.61	10.39

MARYLAND MEDICAL ASSISTANCE PROGRAM

TABLE 34. SUMMARY OF SELECTED PROGRAM DATA: FISCAL YEARS 1983-1987 (Continued)

HOME AND COMMUNITY HEALTH SERVICES	FISCAL YEAR 1987	1986	1985	1984	1983
Number of recipients	9,207	7,930	5,889	4,647	3,944
Payments: Total	$32,626,382	$17,997,787	$10,154,321	$6,973,754	$4,702,493
Nursing Service	2,657,019	2,375,331	1,925,428	1,546,594	1,240,868
Home Health Aid	757,311	768,056	715,644	529,493	571,209
Physical, Occupational & Speech Therapy	707,623	602,930	475,642	332,280	283,473
Medical Day Care	5,528,677	4,002,585	2,845,858	1,774,326	1,140,823
Personal Care	7,568,831	5,483,792	4,022,839	2,662,370	1,375,620
Other Specified Services	156,160	143,846	168,910	128,691	90,498
Waiver - Model	1,679,451	4,621,247*	-0-	-0-	-0-
Waiver - MR	13,719,642	--	--	--	--
Collections	(148,332)	--	--	--	--
SPECIAL SERVICES					
Number of recipients	--	--	145,355	141,904	143,935
Payments: Total	$10,887,555	$10,961,272	$10,193,842	$9,083,393	$8,716,816
Optometry & Optician Service	2,631,126	2,767,185	2,936,513	2,773,501	2,979,337
Ambulance & Van Service	826,049	692,105	998,244	565,119	568,772
Medical Laboratory Service	2,642,440	2,804,915	2,627,070	2,094,741	1,978,349
Medical Supplies	2,606,317	2,439,363	1,840,553	1,419,968	1,329,769
Podiatry	273,381	446,783	653,435	429,560	419,429
Physical Therapy	36,459	52,500	49,847	40,421	35,404
Hearing Aids	50,599	60,567	77,356	59,203	65,085
Medicare Deductible & Coinsurance	1,836,867	1,701,773	1,629,640	1,704,263	1,340,655
No Medicare Part B Coverage	-0-	-0-	(30)	(1,223)	27
Recoveries (other)	($15,683)	($3,918)	($6,628)	($2,160)	($11)

*All Waiver

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
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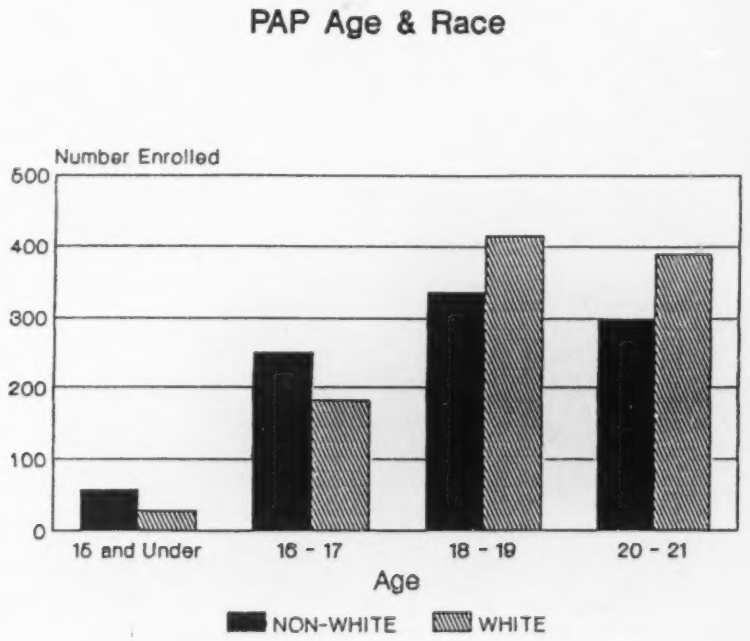
TABLE 35. PRENATAL ASSISTANCE PROGRAM: TOTAL ENROLLMENT BY RESIDENCE, AGE AND RACE: FISCAL YEAR 1987

Residence	Enrollment
Total State	1,957
Baltimore City	508
Allegany County	32
Anne Arundel County	127
Baltimore County	167
Calvert County	36
Caroline County	41
Carroll County	49
Cecil County	73
Charles County	59
Dorchester County	36
Frederick County	64
Garrett County	5
Harford County	92
Howard County	40
Kent County	3
Montgomery County	83
Prince George's County	278
Queen Anne's County	14
St. Mary's County	32
Somerset County	21
Talbot County	15
Washington County	83
Wicomico County	82
Worcester County	17

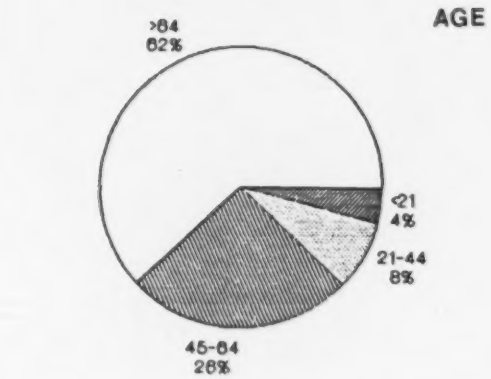


MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 36. MARYLAND PHARMACY ASSISTANCE PROGRAM: AVERAGE ENROLLMENT
BY RESIDENCE - SELECTED CHARACTERISTICS

Residence of Recipient	Increase (+)/Decrease (-), Fiscal Year 1987	
Total State	15,088	+ 1,495
Baltimore City	6,516	+ 412
Allegany	506	+ 40
Anne Arundel	774	+ 82
Baltimore	1,608	+ 220
Calvert	64	- 1
Caroline	155	+ 19
Carroll	246	+ 23
Cecil	204	+ 20
Charles	118	+ 30
Dorchester	206	+ 17
Frederick	247	+ 18
Garrett	117	+ 19
Harford	316	+ 65
Howard	206	+ 43
Kent	102	+ 8
Montgomery	505	+ 31
Prince George's	794	+ 78
Queen Anne's	116	+ 3
St. Mary's	130	+ 31
Somerset	138	+ 7
Talbot	107	+ 10
Washington	552	+ 38
Wicomico	337	+ 40
Worcester	130	+ 16
Cancellations During FY '87	894	+ 226

Selected Characteristics



MARYLAND PHARMACY ASSISTANCE PROGRAM

TABLE 37. SUMMARY OF SELECTED PHARMACY ASSISTANCE PROGRAM DATA: FISCAL YEARS 1983-1987

PHARMACY ASSISTANCE SERVICES	1987	1986	1985	1984	1983
Average Enrollment	15,088	13,593	13,099	11,370	10,761
Maximum Gross Allowable Income Base	$6,100	$5,800	$5,400	$5,100	$4,950
Total Payments	$6,095,085	$5,110,658	$4,487,552	$3,494,592	$2,710,740
Total Number of Prescriptions	335,360	308,658	279,873	235,945	208,311
Average Payment per Prescription	$18.17	$16.55	$16.03	$14.88	$13.01
Average Cost per Recipient	$403.97	$376.00	$343.00	$307.00	$252.00
Average Prescription Per Recipient	22.23	22.71	21.37	20.66	19.36

APPENDIX

GLOSSARY OF TERMS

ENROLLEES Those persons who apply for and determined eligible for Medical Assistance benefits. Medical Assistance enrollees are automatically eligible through receipt of cash assistance from Aid to Families with Dependent Children (AFDC), General Public Assistance (GPA), or Supplemental Security Income (SSI). Enrollees may also become eligible as a result of meeting certain financial and technical requirements established by the State and the Federal government. Each enrollee receives a Medical Assistance card with which to receive covered services. All enrollee counts in this publication reflect the average number of persons enrolled during a month.

RECIPIENTS Medical Assistance enrollees who have used their Medical Assistance cards to receive medical services covered under the Maryland Medical Assistance Program. Counts of recipients in this publication may exceed the average number of enrollees, because more individuals gain and lose eligibility over the years time.

FEDERAL FINANCIAL PARTICIPATION - Federal expenditures provided to match proper State expenditures for Medicaid eligibles in federally approved assistance categories.

FEDERALLY MATCHED CATEGORICALLY INDIGENT ELIGIBILITY CATEGORIES Federally-matched categorically needy cases are those which meet financial and technical eligibility requirements for AFDC or SSI, and which receive cash assistance through these programs. The State receives federal financial participation for all covered expenditures for these groups. (Automatically eligible to receive Medical Assistance benefits)

OAA Old Age Assistance. Individuals 65 years old or older who are recipients of Supplemental Security Income (SSI) benefits.

PANB Public Assistance to the Needy Blind. Individuals who are blind and are recipients of SSI benefits.

APTD Aid to the Permanently and Totally Disabled. Individuals who are disabled and are recipients of SSI benefits.

EP Essential Persons. Individuals who were receiving Medical Assistance in December 1973 because they had been determined to be essential to the well being of the aged, blind, or disabled spouse with whom they lived and who continue to meet the December 1973 criteria for the State's approved Old Age Assistance, Aid to the Blind, or Aid to the Permanently and Totally Disabled plans.

AFDC Aid to Families with Dependent Children. Individuals who are recipients of Aid to Families with Dependent Children (AFDC) benefits.

NON-FEDERALLY MATCHED INDIGENT ELIGIBILITY CATEGORY Non-federally matched categorically needy cases are financially eligible for state cash assistance and ineligible for federal cash assistance. Expenditures for this group are not eligible for federal financial participation. (Automatically eligible to receive Medicaid benefits).

GPA General Public Assistance. Individuals who are receiving cash assistance from state and local funds because they are unemployed or only part-time employed due to a medically substantiated impairment. These individuals fail to meet the technical eligibility requirements for federal cash assistance.

FEDERALLY MATCHED MEDICALLY INDIGENT ELIGIBILITY CATEGORIES

Federally-matched medically needy cases are those whose income and resources are above the limits for eligibility as categorically needy (AFDC or SSI) but are within limits set by the State. Expenditures for these groups are eligible for federal financial participation. (Eligibles must apply for Medical Assistance benefits at local Department of Social Services offices).

MAO Medical Assistance to Individuals Aged 65 and Over. Individuals 65 years old or older who are not recipients of SSI benefits.

MAB Medical Assistance to the Blind. Individuals who are blind and are not recipients of SSI benefits.

MAD Medical Assistance to the Disabled. Individuals who are disabled and not recipients of SSI benefits.

MAFC Medical Assistance to Individuals Under 21 and Not in Family. Individuals younger than 21 years old who are not living with a caretaker relative and receive no cash assistance. This group is comprised of children in foster care, state facilities for the mentally retarded, and children under the jurisdiction of the Juvenile Services Administration who live in facilities that are not owned, operated or administered by the agency.

MAC Medical Assistance to Individuals Under 21 and in Family. Individuals younger than 21 years old who live with family members and are not receiving cash assistance.

MAR Medical Assistance to Eligible Relatives. Individuals who are caretaker-relatives of children and who do not receive cash assistance.

NON-FEDERALLY MATCHED MEDICALLY INDIGENT ELIGIBILITY CATEGORIES

Non-federally matched medically needy cases are those who do not qualify under any federally established eligibility category, but who do meet Medicaid financial requirements. Expenditures for these groups are not eligible for federal financial participation. (Eligibles must make application for Medicaid benefits).

STND 1 Standard 1. Individuals between the ages of 21 and 65 who are not blind or disabled or a care-taker relative and are not receiving cash assistance in either a federal (AFDC,SSI) or state-only program(GPA).

SA Subsidized Adoptions. Children who are placed in adoption by the Maryland Department of Human Resources and who are not eligible for an adoption subsidy in which there is federal financial participation.

The Secretary of Health and Mental Hygiene, by law* and/or policy does not permit discrimination in the delivery of services and employment on the basis of handicapped status, race, color, and national origin; additionally, discrimination in any phase of employment practices, policies, or procedures on the basis of religion, age, sex, or political affiliation are prohibited. This encompasses all facilities and programs directly operated by DHMH, grant -in-aid programs, providers of health services receiving Federal funds through DHMH, contractors and sub-contractors.

* Applicable laws and policy are available on request.